



Financial Policy

Patient Name:

We at Mi Therapy Clinic Therapists are committed to providing you with the best care for your therapy needs. We know that open communication with you regarding our financial policy is important to our professional relationship and assists in providing the best service to you.

Insurance

As a courtesy, before your initial evaluation, we verify your current insurance coverage with the information you have provided to us. However, please be aware that insurance companies will not guarantee medical benefits over the phone. You are legally responsible for understanding your own insurance benefits. You are also responsible to inform us with any changes to your medical coverage.

Primary Insurance Provider:

Deductible:

Coinsurance:

Copay: None

Visits Allowed:

Medicare Cap Remaining:

Secondary Insurance Provider:

Deductible:

Coinsurance:

Out of Pocket:

Co-Payments

All deductibles, co-pays, co-insurance or cash pay amounts are due at the time of service, unless other written agreements have been made with your therapist. Patients with multiple visits per week can pay on a weekly basis. Any other part of your therapy bill that is denied or not paid by your insurance company will be your financial responsibility.

Payment Options

Accepted forms of payment: Credit Card, check or cash

Cancelled/Missed Appointments

It is important for us to know if you are not able to keep an appointment or will be late for an appointment. Patients who do not show up for an appointment and cancel without 24 hours notice have affected other patient's ability to receive timely care. Therefore, we reserve the right to charge a \$25.00 fee for missed appointments.

I have read Mi Therapy Clinic financial policy and agree to comply. I understand that I will be responsible for payments of any amounts not covered by my insurance provider.

Patient/Guardian Signature: _____ Date: _____

Clinic Witness: _____ Date: _____