

# Financial Policy

## **PRIVATE INSURANCE**

- Your insurance will **only** pay on claims after your deductible amount is met (if applicable).
- We require that you make payment at the time of service until your deductible is fully met.
- If your insurance information changes, you must notify us immediately. Failure to do so may result in billing the wrong insurance company and expiration of the timely filing limit.

## **PAYMENTS DUE AT THE TIME OF SERVICE**

1. Co-pays required by your insurance policy are due at the time of service.
2. Co-insurance percentages are collected at the time of service.
3. If your deductible has not been met, Hands On OT requires payment of \$90.00 per visit that will go towards your policy's deductible.
4. Payment for Any Splints, Braces, products and supplies not covered by your insurance is due at the time of service.

I understand my benefits as outlined above. I agree to be fully responsible for all lawful debts incurred by myself for services received from **Hands On OT**. I understand that per my insurance, verification of benefits and coverage is not a guarantee of eligibility or payment. Actual payment is based on terms and conditions of the plan.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_