

Bishop Physical Therapy

Financial Policy

The following is a statement of Bishop Physical Therapy's financial policy. As a courtesy to our patients, insurance claims (primary and secondary) are filed directly with insurance carriers electronically. Our office does not file paper claims.

Insured Patients:

Our office will verify your eligibility and medical benefits but we are not responsible if your insurance carrier does not have current or updated information listed. Verification of insurance benefits does not guarantee payment by your insurance for all services provided. Ultimately you are responsible for knowing your benefits, policy coverage, limitations, exclusions, and paying your bill. Our office is not responsible for incorrect information passed on to us by your insurance policy. After receiving your insurers EOB (explanation of services) statement, if there is an unpaid balance, we will require payment within 60 days. Fees for any non-covered services will be discussed with you before the service is rendered and payment will be collected at the time of service.

You are responsible for all copays, coinsurances, deductibles, no show fees, and non-covered services. We will estimate the coinsurance percentages based on what we expect the insurance company to pay. Because this is an estimate and not an exact figure there is a possibility that you will owe a balance or be due a credit at the end of treatment.

Any change in your insurance must be reported to our office immediately or denial of payment may result. In this case the balance of your account will become your responsibility. Your insurance carrier will not allow our office to make changes to your policy and it is your responsibility to keep your policy up to date. If your insurance carrier denies a claim due to the information that has been given to our office we will allow 60 days for you to contact your insurance carrier and address the issue. After sixty days the bill will become your responsibility.

We will file secondary claims that do not require paper claims. If the secondary payer has not paid within 90 days the balance will become your responsibility.

Uninsured/Cash Patients:

If you choose not to file insurance or are coming to therapy for maintenance appointments you will be expected to pay for treatment at the end of each visit. We will go over our fee schedule with you before your first treatment.

Motor Vehicle Accidents/Third Party Liability Insurance Patients:

We do not bill auto insurance or liability insurance carriers. It is our policy to collect payment for treatment at the end of each visit. If you need detailed billing forms to submit to your auto insurance, lawyer, or any third party insurance we will be happy to supply you with these forms. Please allow us a 24hr notice if you need billing forms or visit notes pulled.

Additional Charges:

Patients that do not show up for a scheduled appointment or do not give 24hr notice will be charged a \$35.00 fee. Payment will be expected on these charges at your next scheduled visit.

I understand the verification of insurance benefits does not guarantee payment from my insurance company and that I am ultimately responsible for all out of pocket fees associated with my treatment.

Signature: _____

Date: _____