

PREMIER PHYSICAL THERAPY AND SPORTS REHAB, INC

DIRECT PAYMENT AUTHORIZATION

I would like Premier Physical Therapy and Sports Rehab, Inc. to file my health insurance and authorize direct payment of insurance benefits from:

Insurance Company Name

Insurance Company Name

To Premier Physical Therapy and Sports Rehab, Inc. for any services furnished to me by the provider. In the event, my insurance does not pay for services rendered to me by Premier Physical Therapy and Sports Rehab, Inc. I will be personally and fully responsible for payment.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize Premier Physical Therapy and Sports Rehab, Inc. to release any medical information about me to determine payment of benefits to my insurance companies listed above. I authorize Premier Physical Therapy and Sports Rehab, Inc. to release any medical records to my physician and other health care professionals involved with my current care.

PAYMENT POLICY

I understand that I will be financially responsible for charges rendered to me by Premier Physical Therapy and Sports Rehab, Inc. In the event that I have health insurance that will partially cover my physical therapy treatments, I will pay all deductible and co-payments not reimbursed by the health insurance company at the time of service.

In the event my insurance company denies payment for any reason, I will be financially responsible to pay the charges in full within (30) days of denial by obligations herein. I will be responsible for interest charges in the amount of eighteen percent (18%) per annum dating back to most recent date of service. I agree to pay my co-pay on a weekly basis. Premier Physical Therapy and Sports Rehab, Inc. is filing insurance, Workers Comp and other carriers as a courtesy. If the insurance company does not pay, I am responsible.

CANCELLATION AND RESCHEDULE POLICY

If you need to cancel an appointment or reschedule an appointment, we ask that you give us 24 hours notice. We realize that everyone has emergencies and we will allow one cancellation or reschedule without the 24 hour advance notice. However, for future cancellations or reschedules without 24 hour prior notice, there will be a \$75 charge. If you are able to reschedule that appointment for another day within the same week, we will waive the \$75 charge.

Our physical therapists work on a timely schedule in order to provide the best care for our patients. If you are more than 15 minutes late, we may ask that you reschedule your appointment for another time.

I agree to all the authorizations and policies listed above.

Signed _____ **Date** _____

Printed _____

Revised 5/3/2017