

Patient Financial Responsibility Policy

Thank you for choosing Symmetry Physical Therapy to serve your physical therapy needs. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your physical therapists. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read this document thoroughly.

Insurance

- It is our policy to call and verify benefits and eligibility to estimate your payment portion.
 However, there is no guarantee from the insurance company of their payment amount. We will
 not know the exact amount due until the claim has been processed. At this point, there may be
 more due on your account. In this event, we will make you a statement, and appreciate your
 prompt payment.
- It is important for you to be an informed consumer, who understands the specifications of your insurance policy.
- Your policy is a contract between you and your Health Insurance Company or employer. We
 are not party to that contract. Please note it is your responsibility to know if your insurance has
 specific rules or regulations, such as the need for referrals, pre-certifications, preauthorizations and limits on outpatient charges regardless of whether or not our clinic
 participates.
- The patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated.
- Patients are responsible for the payment of co-pays, co-insurance, deductibles, and all other procedures or treatments not covered by their insurance plan.
- If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. However, please be advised that you are nevertheless ultimately financially responsible for payment of medical service rendered.

Guarantor

• Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office.

Address Change

• It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information.

Prompt Payment

- Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly.
- Payment is due at the time services are provided or upon receipt of a statement from our billing office.
- Patients may incur, and are responsible for the payment of additional charges at the discretion of the Symmetry Physical Therapy staff. These charges may include (but are not limited to):
 - Charge for returned checks.
 - Charge for missed appointments without 24 hours advance notice.
- For your convenience, we accept cash, check and most major credit cards at our office.

Self-Pay Patients

• Self-pay patients should be prepared to pay at the time of each visit.

Refunds

• A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.