



Billing and Collection Policies

We welcome you as a new patient of Physical Therapy Works. To keep you informed of our current office and financial policies we ask that you acknowledge, with your signature, having received our Policies and Procedures. Please keep this document for future reference.

Insurance

As a courtesy, Physical Therapy Works will verify your insurance. Please note that we are relaying information obtained from your insurance company, and Physical Therapy Works is NOT responsible for any erroneous information they might provide.

For insurance plans that require co-pays, the co-pay must be paid prior to services being rendered. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. Because of federal regulations, we are unable to extend courtesy or professional discounts or to waive co-pays or deductibles. Any deductible and co-insurances will be determined as you progress with your care.

Payment for co-insurance, deductibles or non-covered service as required by your insurance is expected at the time of service. A receipt will be issued at that time, which will be your proof of payment. Proof of payment will be required when disputing whether or not a co-payment was made at the time of service.

Cash-Pay

For patients who do not have insurance coverage or who have exhausted their physical therapy benefits, we offer a cash discount if paid at the time of service. Cash-pay services cannot be billed to your insurance. We provide this option to make your healthcare accessible and affordable.

We accept cash, check, MasterCard or Visa. There will be a fee of \$35.00 charged on all returned checks.

Bills Over 90 Days

If any part of your account balance becomes 90 days old, a FINANCE CHARGE will be assessed. The FINANCE CHARGE is 1.5% per month (periodic rate) which is 18.5% ANNUAL PERCENTAGE RATE. We figure the FINANCE CHARGE on your account by applying the periodic rate to the "90 DAY" part of your account. The "90 DAY" part of your account is arrived at by adding together the amounts from the previous month that appear in the "60 DAY" and "90 DAY" columns of your bill (Which is to say, any part of your account that is 60 days or older from the previous month), and subtracting from that column any payments or credits posted during the course of the present billing cycle. All account balances over 120 days will be turned over to an outside collection agency. A 25% collection fee may be added to your account balance if outside collection efforts are needed. Any previous account balances over 90 days must be paid in full prior to receiving additional services.

If you think your bill is wrong or if you need more information about a transaction on your bill, contact our billing service at 1-402-614-8042. We must hear from you no later than 30 days after we sent you the first bill in which the error of problem appeared.

You do not have to pay the amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

No Show/Cancellation Policy

We realize that unexpected circumstances can arise. If you cancel more than three (3) appointments with less than 24 hours notice, you will only be able to schedule the day of your appointment.