

STRIDE PHYSIO, PLLC

Financial Policy

Thank you for choosing Stride Physio. We are fully committed to providing you with the highest quality physical therapy and want to foster a life-long patient/provider relationship regardless of your insurance coverage. Please read this policy carefully and sign and date at the bottom.

Patient Responsibilities

You can help ensure an efficient and informed experience by assisting with the following:

- Provide us with your most current insurance card and picture ID.
- Be empowered by knowing your insurance benefits and limitations. This can be attained by filling out the attached “Insurance Benefits Worksheet”, which will guide you in your conversation with your insurance company. You can also refer to your insurance plan summary/plan document for assistance. *Our staff will routinely obtain a quote of your benefits but please keep in mind, that we cannot guarantee the quotes we receive from your insurance carrier.*
- If required by your insurance, provide us with a referral from your primary care or referring provider.
- If available, bring in copies of any pertinent medical records, and/or imaging (MRI/CT/arthrogram/X-ray).
- Be prepared to provide co-payments at time of service.
- Complete required incident/accident forms within 30 days of date of service.
- Inform us of any changes with your personal information and insurance benefit.
- **Please provide us at least 24 hours notification, should you need to cancel or reschedule an appointment.**

Insured Patients

Please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot legally change or negotiate these amounts.

We will bill your primary and secondary insurance carrier in a timely manner. If you are disputing payment with your insurance carrier or have a balance over \$100.00 with us, you must notify our billing specialist and make payment arrangements.

Co-pays are due on the date of service. We take cash, check or credit cards.

Deductibles, co-insurance and amounts that are not covered by your insurance will be billed to you and payable within 30 days of receipt. If you have a limited or high-deductible plan and would like to pay at the time of service, we are happy to provide an estimate your costs to be paid at the time of service.

Non-participating insurance – if we do not participate in the insurance you have, we will file a claim as a courtesy, except Medicare and Medicaid which we are unable to bill. To help offset the costs of choosing our care, despite the fact that we are out-of-network with your insurance carrier, we can also offer you a 10% discount if you pay

at the time of service. All unpaid claims will become your responsibility 45 days following filing and be immediately due and payable.

Motor Vehicle Accident (MVA) and Third Party Patients

We will bill the MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier in 30 days. We regret that we are not in a position to confer with attorneys or defer payment obligations while a case settles. If your personal injury protection benefit on your MVA policy is exhausted, we will bill your private insurance at your request, provided we are furnished the necessary information at the date of service.

Un-insured or Under-insured Patients

We offer a 25% discounted rate for full payment at the time of service.

We bill in timed units for the various procedures we provide. Each unit is approximately 15 minutes (+/- a few minutes). On average each unit is \$45.00. So if paying out of pocket at the time of service for 4 units the amount will be \$135.00.

Payment plans are available upon request.

Payments

Payment options – we accept checks, cash, money orders and major credit cards for payments (no post-dated or 3rd party checks).

Alternative payment arrangements – if you are unable to pay your balance when due, arrangements can be made with our office for a payment plan.

Other Charges

No show – please provide us with at least 24 hours advance notice if you need to cancel or reschedule an appointment. Any appointment cancelled less than 24 hours in advance or are missed will result in a **\$50.00** fee charged directly to you, the patient.

Delinquent accounts – we charge a \$10.25 monthly account management fee on balances over 45 days old. We may assign an account to collections if balances are unpaid after 60 days. Patients assigned to collections may be denied additional service.

Returned check fee – \$30.00 will be charged for any check returned by the bank for non-sufficient funds (NSF).

Classes – if you attend an exercise class or personal training session here, you will be charged directly at the time of the class. We are unable to bill insurance for this service.

Signature _____ Date _____