ARROW REHABILITATION
PHYSICAL • OCCUPATIONAL • SPEECH
OUTPATIENT THERAPY CENTER

Patient Name:_____

Financial Agreement & Policy

- Welcome to our practice, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy.
- INSURANCE PATIENTS- The percentage of coverage by your insurance company may be based on your insurance company's own reduce fee schedule for medical services and may be less than actual charges, resulting in lower coverage for you. We have no control over this situation. Lower payment is a direct result of the plan selected by you or your employer.
- INSURANCE- It is your responsibility to understand your insurance plan. This is a contract between you and your insurance company. We are not party to this contract. We will inform you if we participate with your insurance and will handle your claims according to our contract with that company. We will file insurance claims as a courtesy to you. We will not become involved in dispute between you and your insurance company regarding deductibles, co-payments, covered, non-covered services, or usual and customary. **You are ultimately responsible for all charges whether or not paid by insurance.** Furthermore, we request you provide us a copy of your provider booklet in case that a pre authorization or referral is needed. Understand that we will not backdate any referrals.
- ASSIGNMENT OF INSURANCE BENEFITS- You hereby assign all insurance and similar benefits to Arrow Rehabilitation to be applied towards your bill. **In case you received compensation for our services you agree to forward the same to our offices within five business days.**
- PAYMENT- All payments are due at the time services are rendered. We accept cash, personal checks, MasterCard, and Visa. Returned checks are subject to a service charge of $25.00 or 5% of the face value, whichever is greater. Accounts not paid in full may accrue interest at the maximum rate allowed by law. An additional $5 administrative charge may be added for each billing cycle that your account is outstanding.
- MULTIPLE VISITS- In case that more than one patient is seen at the time of the visit a separate charge will be billed for each patient. This charge will include as a minimum co-payment (if applicable) and any other services provided by us. Furthermore, if we are not notified that an additional visit is required we reserve the right to see the additional patient after the patients with appointments/emergencies have been seen.
- COUNSELING/NEXT OF KIN SESSIONS- Due to limited space only one person is authorized to accompany the patient to the examination room. Additional sessions may be scheduled with the patient's authorization to explain the condition and treatment to other parties.
- APPOINTMENTS- Office hours are by appointment only, call the office to schedule your appointments. We request that you do not wear strong perfumes, colognes, etc. to your visit as we have patients and employees with respiratory problems.
- FORMS- Patients requiring any type of form or paperwork to be filled out must schedule an appointment. Specific forms must be provided by the patient and presented at the time of the visit. We reserve the right to charge for faxes, copies, and filling of forms. Preparation, set up and copies of the medical record may result in a charge as indicated by law.
- HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)- Your signature in this document also acknowledges your understanding of our Notice Privacy Practices and receipt of the same.
- MISCELLANEOUS FEE- There is a $25 service charge for returned checks. By signing this form you authorize, Arrow Rehabilitation, to initiate a debit entry to your checking account at your bank for the amount rendered on such returned check and an additional debit entry for $25 or legal maximum, Whichever is less, if the item is dishonored. This authorization will remain in force until we receive written notification from you in a reasonable time to act. Also, at our discretion, you may be charged $35 dollars for missed appointments (no show). To prevent missed appointment charges patients must call 24 hours prior to the appointment and cancel the same. Patients who do not cancel appointments may be discharged from the practice after the third no-show.
- PENALTIES- Failure to keep accounts current may result in Arrow Rehabilitation being unable to provide additional services except for emergencies. In the case of default on payment you agree to pay any reasonable collection or attorney fees. Arrow Rehabilitation reserves the right to charge you and you agree to pay a late fee of $25.
- ERRORS OR QUESTIONS- If you think your bill is wrong or if you need more information about a transaction on your account, write us on a separate sheet at the address listed on your bill. Items on the bill that are not in dispute or requiring further information, are considered due when the bill is received. We must hear from you in writing within 30 days from the original bill date if there are any questions or concerns. Otherwise the bill amount shall be considered accepted and entered as such in our books. In order to process your request properly we require a letter with your name and the account number, the dollar amount contested, and a brief description of the situation.

I HAVE READ AND FULLYUNDERSTAND THE FINANCIAL POLICY SET FORTH BY AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE FINANCIAL POLICY MAY BE AMMENDED BY ARROW REHABILITATION ANY TIME WITHOUT PRIOR NOTIFICATION.

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Signature of Patient/Responsible Party **Date**