

Welcome

We are glad that that you have chosen Xtreme Physical Therapy for your rehabilitation needs. We are committed to providing you with the best possible care and in order to insure that your time with us will be a satisfactory experience, the following information concerning the management of this practice is offered.

Appointments

Services are provided by appointment only; please make your appointment when you leave. If you are unable to keep your appointment, or run late, we ask that you please notify us as soon as possible so that the appointment will be available for someone else. If proper notice is not received, your referral source and insurance company will be notified of each missed appointment. We may assess a fee for repeated missed appointments which are not cancelled in a timely manner. Appointments are available Monday thru Friday 7:00 a.m. – 7:00 p.m. and Saturday 8:00 a.m. – 12:00 p.m.

Financial Policy

If you have health insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. We must emphasize that as a Physical Therapy provider, our relationship is with the patient, not the insurance company. While filing insurance is a courtesy we extend to all of our patients, all charges are your responsibility. As soon as information is presented, we will contact your insurance company for verification of coverage and benefits. **IMPORTANT** – To ensure accuracy and full benefits, verify with your insurance booklet the benefits you have regarding physical therapy. Each policy may have different guidelines. Some insurance companies require a referral number or pre-certification prior to the start of treatment.

If you are required to pay any co-pays or co-insurance, all fees are due at the time that services are rendered. It is important to understand that insurance claims may take up to 45 days to process. Any remaining balances will be your responsibility. If any payments are made directly to you, they are to be forwarded to XPT. You should notify XPT if any changes have been made to your insurance so that proper actions can take place. There is a \$20.00 service charge on all returned checks. Should your account be placed in collections or other legal actions necessary to collect on an overdue account, the patient or patient's responsible party, understands that they are responsible for all costs of collection including, but not limited to, all court costs and attorney fees, and a collection fee up to 50% will be added to the outstanding balance. If hardships should occur, please notify our business office and we will assist you if possible.

I certify that I have read the above information, and that I will notify Xtreme Physical Therapy of any changes to my insurance information provided.

Signature (Parent if patient is minor)

Date