

CNY Physical Therapy Office & Financial Policies

Making or changing appointments:

Appointments are made **weekly** at the front desk. There are no “standing appointments.” You will be given a printout of your scheduled appointments. We suggest that you do not discard this printout in the event of a scheduling error.

Cancellation Policy:

If you need to cancel an appointment, please call our office within 24 hours and reschedule your appointment. Three consecutive cancellations are grounds for discharge.

No-Show Policy

If you fail to make your scheduled appointment and do not contact our office you will be charged a **\$25 fee**. This fee must be paid before scheduling further appointments, and **we reserve the right to discharge you if you “no-show” more than once.**

Our relationship is with you, not your insurance company. It is **your responsibility** to contact your insurance company to determine if you have a co-pay, and what your physical therapy coverage is.

We will be happy to submit claims on your behalf to your insurance company; however, it is your responsibility on your **first** visit to provide us with accurate insurance info (i.e. Workers comp, no-fault or private insurance.) If you realize during your course of therapy that you provided us with wrong insurance information, it is your responsibility to pay for treatments rendered. **We will not re-bill another carrier for you.**

Co-pays are due at time of service. **If we must bill you for your co-pay’s, a \$5 processing fee will be applied to each date of service.** You may wish to make your co-pay at the end of the week. We welcome cash, check, or credit cards.

You will receive a billing statement for any unpaid balances, co-insurances or charges determined not covered under your policy. A \$5 billing fee will be applied to all accounts over 30 days. Any disputes with balances due must be brought within 30 days of the 1st billing or they will not be considered.

NOTE: Some insurance companies take 30-60 days to process our claims; therefore, a billing charge would only be applied if you fail to remit payment within 30 days of your second statement from us.

We understand that temporary financial problems do arise and we encourage you to contact our billing manager promptly for assistance in the management of your account. Special payment consideration may be extended in the event of unusual circumstances.

- By signing below you are also acknowledging that you were offered a copy of the CNY Physical Therapy Notice of Privacy practices.

Assignment of benefits:

I authorize the release of any medical information necessary to process my insurance claim(s). I authorize and request payment of medical benefits directly to CNY Physical Therapy. I agree this authorization will cover all medical services rendered until such authorization is revoke by me. I understand and agree that regardless of my insurance status. I am ultimately responsible for the balance on my account for any professional services rendered. I will notify CNY Physical Therapy of any changes in my address, phone number or my insurance status. In the event my account is assigned for collection, I agree to pay an additional collection fee of \$15 as well any associated attorney fees.

Signature:	Print Name:	Date:
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