

FINANCIAL POLICY

BABIN PHYSICAL THERAPY



We are committed to providing you with the best in Therapy care. In order to do this without comprising our patients; this policy has been implemented for each patient. If you have medical insurance, we are anxious to assist you in receiving your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. **Payment for services is due at the time services are rendered unless other acceptable and agreed upon arrangements have been approved in advance by our staff. We accept cash, checks, and credit cards.**

MEDICAL INSURANCE INFORMATION

Primary Insurance Company _____ Member ID# _____

Primary Insured _____ Relationship to patient _____ Primary Insured DOB _____
(if other than patient)

Secondary Insurance _____ Policy ID # _____
(if applicable)

Secondary Insured _____ Relationship to patient _____ Secondary Insured DOB _____

☐ **Copay Applies:**

Your copay is \$ _____. We will collect this amount at each visit.

☐ **Deductible Applies:**

Your deductible is \$ _____ and \$ _____ has been met. We will collect \$ _____ each visit to be applied toward your deductible. This amount can be adjusted when the exact amount of your responsibility has been determined, once the claim is processed.

☐ **Co-insurance Applies:**

If you are required to pay a co-insurance percentage, we will collect \$ _____ each visit as an estimate of your co-insurance amount. This amount can be adjusted when the exact amount of your co-insurance has been determined, once the claim is processed.

☐ **Secondary Insurance will be filed.** Should your secondary insurance not cover any copay, deductible or co-insurance, you will be billed the amount applied as patient responsibility from your primary insurance.

We must emphasize that as a Medical provider, our relationship is with you, not your insurance company. While the filing of an insurance claim is a courtesy that we extend to our patients, all charges are your responsibility from the date the services were rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above policy or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us.

Please be further advised that returned checks and balances older than 30 days from your treatment discharge may be subject to additional collection and legal fees, as well as, interest charges of 1.6% per month. Please be advised, any unpaid balanced billed after 120 days will be turned over for collections to Southern Credit Recovery, located at 3228 6th Street, Metairie, LA 70002, phone (504) 841-2000.

Signature of Patient/Guarantor

Date

Signature of BabinPT Representative

Date

File Name: Financial Policy as of 05/2019