



Name _____
DOB _____

Financial Policy: Motor Vehicle Accident and Worker's Compensation

Worker's Compensation: I must provide Essential Physical Therapy & Pilates with my employer and insurance information prior to my first appointment. Essential Physical Therapy & Pilates will attempt to verify coverage and payment limits. I am responsible for payment of services if Worker's Compensation is denied.

Motor Vehicle Accident: I must provide Essential Physical Therapy & Pilates with my automobile insurance information prior to my first appointment. Essential Physical Therapy & Pilates will attempt to verify coverage and payment limits. (If you were not at fault, your auto insurance company will pursue payment from the party at fault.) If my auto insurer does not pay within 60 days then I am responsible for payment in full. I am responsible for any and all payment services denied by my automobile insurance.

Litigation Cases: Essential Physical Therapy & Pilates does not wait for any settlement involving lawsuits. Payment is due by me at the time of my therapy services if my case is involved in litigation. In the event that my case changes to litigation, I will be responsible for all prior and future therapy charges involving my case.

Health Insurance as back up to Worker's Compensation and Motor Vehicle Accident: If I plan on using my health insurance carrier to pay for services if either of the above denies, then I must advise Essential Physical Therapy & Pilates at the time of my initial visit. I must then also follow my insurer's guidelines for referral to therapy and obtain an appropriate referral. Failure to do so will typically result in a denial from my insurer and I will be responsible for my bill.

It is imperative that I provide Essential Physical Therapy & Pilates with all insurance information as well as any changes in my insurance prior to each visit. Failure to do so will result in my being responsible for any and all charges that Essential Physical Therapy & Pilates is unable to collect. Interest will accrue at 1.5% per month on any balances over 30 days old that is my responsibility.

If my account is sent to collections and/or Small Claims Court, I will be responsible for any collection expenses and/or court costs.

I authorize release of any medical information necessary to process any insurance claims and I authorize payment of medical benefits directly to Essential Physical Therapy & Pilates for myself and /or dependents.

Signature of patient/guardian

Date