



PATIENT RESPONSIBILITY

effective 1.1.14

As a patient of Berryville Physical Therapy & Wellness, PLLC, I agree that I am responsible for any unmet deductible, co-insurance, and/or any unpaid balances. This includes all insurance companies, workman’s compensation and auto claims.

*****As a courtesy, we make every effort to know your insurance benefits when you are a patient here but every policy varies in coverage. Therefore it is your responsibility to confirm benefit information. Co-pays and Co-insurance are due at time of service. *There is a \$25 returned check fee that insurance is not responsible for.**

Medicare patients who do not have supplemental coverage are responsible for any unmet deductible, non-covered services, or co-insurance amounts. Some supplemental policies have a co-pay or deductible of their own; patients are responsible for that amount.

*All uninsured patients and patients who are denied physical therapy coverage by their insurance company are responsible for our cash price.

*If the patient is unable to pay the full amount of his/her bill then payment arrangements may be made on a case by case basis.

*I understand if payment arrangements have not been made, and my account is still outstanding (90) days from the 1st billing cycle, my account may be referred to a collection agency or and attorney for collection. I agree to pay all costs of collection, including but not limited to, 40% collection fees, registered mail fees, court costs actually incurred in the collection of the amount whether or not a suit is filed, and any other fees or cost incurred during the collection process.

*I understand that I am responsible for my account even if I receive a late notification of my outstanding balance. In this case, I will not be referred to a collection agency and will be allowed to make arrangements for a payment plan.

When all payments have been made by the account responsible and the insurance company(ies), if there is a credit or debit balance of less than \$1, I understand that Berryville Physical Therapy & Wellness will consider the account closed and will neither pursue collection nor refund the balance.

“NO SHOW / LATE CANCELLATION” POLICIES

*If you are unable to keep your appointment we would like to be notified 24 hour before your scheduled appointment. If you do not cancel an appointment before that time, or do not show for a visit, **a \$40.00 “no show/ late call charge** will be added to your account and will be due in full at the time of your next scheduled appointment. This charge is not covered by your insurance.

* If you have 3 “no shows’, 3 late cancellations, or a combination of the two for 3 consecutive visits; we may need to discontinue or modify your treatment schedule.

PRIVACY NOTICE SUMMARY

ALL MEDICAL INFORMATION ABOUT YOU IS REGARDED AS PROTECTED HEALTH INFORMATION (PHI) AND IS TREATED AS CONFIDENTIAL AND WILL BE RELEASED ONLY TO THOSE AUTHORIZED TO RECEIVE IT. Our full notice is printed and given to each patient at the time of eval, when updated, or upon request.

 I HAVE RECEIVED A COPY OF BERRYVILLE PHYSICAL THERAPY & WELLNESS HIPPA NOTICE

I have read and agree to the above statements.

PATIENT NAME

PATIENT / PARENT SIGNATURE

DATE