



# ATLAS

Physical Therapy & Sports Medicine

## PAYMENT POLICY

- At Atlas Physical Therapy and Sports Medicine, we will bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill when the services are rendered. We require that arrangements for payment of your estimated share be made today. If your insurance does not remit payment within 60 days, the balance will be due in full from you. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly submit same to **Atlas Physical Therapy and Sports Medicine**.

\*\*\*\* We make a call to each patient's insurance plan prior to the initiation of physical therapy in an attempt to clearly identify each patient's responsibility per their insurance plan, but we are limited by the information provided by the insurance representatives as well as the insurance policy provisions. In the event that your insurance company mis-quotes you benefit plan to us; this does **not** release you from your financial responsibility to **Atlas Physical Therapy and Sports Medicine**. In the event that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company.\*\*\*\*

- If you have a balance on your account, we will send a monthly statement to your home. The balance on your statement is due and payable upon receipt, and is past due if not paid within 30 days. If you cannot pay the balance in full, please contact our office immediately so that we may make arrangements for payment. If your account becomes past due and arrangements for payment have not been made, we will take necessary steps to collect this debt. If necessary, the collection of debt could include the use of a collection agency.
- We accept cash, Master Card, Visa, Discover, American Express, personal checks and business checks for the patient's portion, if applicable, of their physical therapy service.
- Please note, if a check is returned to us, there will be a \$25.00 service charge that must be reimbursed by the patient to Atlas Physical Therapy and Sports Medicine.

**In an instance of a cancellation without 24 hours notice or no-show to a scheduled appointment, a \$25.00 fee will be applied for each missed appointment.**

I have read and understand this policy of Atlas Physical Therapy and Sports Medicine.

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Patient/Guardian/Responsible Party

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Date