

Performance Therapies, P.C. Financial Policy

3290 Ridgeway Dr, Ste 3
Coralville, IA 52241

645 32nd Ave SW, Ste A
Cedar Rapids, IA 52404

Your Responsibility

You are financially responsible for the services provided by Performance Therapies, PC. We understand that many patients have insurance that pays for a large portion of their medical claims. However, the patient (or legal guardian if the patient is under 18) is ultimately responsible for the bill if the insurance company does not pay. We will provide you with the information we receive from your insurance company regarding your insurance benefits for physical therapy. This information will be provided to make you aware of your potential financial liability for your services. (Please be aware that this information is what is provided to us by your insurance company at your initial evaluation and may change by the time the claims are submitted and processed.) If you would like further explanation of these benefits we advise you to call your insurance company directly.

- **Patients without Insurance:** Performance Therapies, PC is pleased to be able to provide services to patients that do not have insurance. You will be asked to speak to our financial counselor to discuss payment of your services.
- **Legal Cases/Personal Injury:** If you are involved in an accident we will be happy to provide medical care for you. In most cases we will file claims with a third-party liability insurance plan. We will also need a copy of your personal insurance for claim submission. If there is a chance that your injury may end up in litigation, we will look to you for payment. We will **not** carry the balance until the case is settled. You will need to speak to our financial counselor if you need to set up payment arrangements.
- **Worker's Compensation:** If you were injured at work and filed a claim with your employer, your employer's worker's compensation insurance company will pay the entire amount of your approved care. You will need to provide us with a contact person and phone number of your employer or the name of the insurance carrier, their address, and your claim number in order for us to bill your claims.
- **Traditional/HMO/POS/PPO Health Insurance:** There are many different types of insurance plans. We are not able to know the specifics of each and every plan. Feel free to call us and/or your insurance representative to find out if we are in network for your plan, and what your physical therapy benefits and/or limitations are in an office setting. We will bill your insurance company directly for you. We will look to you for payment at time of service for co pays, coinsurance and deductibles. If you have a secondary private insurance plan available we are usually able to bill that insurance for any remaining amount.
- **Medicare:** We are participating providers with Medicare and will bill directly for you. You are responsible for the Part B deductible and the 20% coinsurance. Performance Therapies, PC agrees to accept Medicare's fee schedule. If you have a secondary insurance (Medicare Supplement or other indemnity plan), we will bill them for the 20% and wait for payment. If not, you are responsible for the remaining amount. Please discuss with our office the current physical therapy cap amount.
- **Iowa Medicaid/Medipass:** Performance Therapies, PC accepts Medicaid/Medipass assignment. A current Medicaid card must be presented at each visit and you will be responsible for any co pays at the time of service.

Returned Check Policy: There will be a \$30 charge for all checks returned as non-sufficient funds.

Cancellation Policy: Specific time is reserved for you when you schedule an appointment. If you cannot keep your scheduled appointment, please give us **at least a 24 notice** so that we may reschedule your appointment and offer the reserved time to another patient. There will be a charge of **\$25 for a NO SHOW** appointment if you have "not shown/not called" more than 2 times in a treatment period. You will be personally responsible for any cancellation fees, excluding any personal emergencies or situations approved by your treating therapist or the financial counselor.

Thank you for giving us the opportunity to serve you, and please feel free to ask us any questions concerning our services, policies, and fees.

The undersigned accepts all responsibility for treatment costs not covered by third party payers (this does not apply to worker's compensation claimants).

Signature _____ Date _____

Guarantor Signature (if patient is under 18) _____