



PATIENT FINANCIAL POLICY This is an agreement between CORE BALANCE, PLC (creditor) and the Patient (debtor) named on this form. In this agreement the words, “you”, “your”, and “yours” mean the patient. The word “account” means the account that has been established in your name to which charges are made and payments are credited. The words “we”, “us”, and “our” refer to CORE BALANCE. By executing this agreement, you agree to pay for all services and supplies that are received.

Billing information

As a courtesy to our patients, we will bill your insurance carrier, it is your responsibility to provide us with correct information including insurance, responsible party, date of injury, type of accident, policy and/or group numbers, etc. If the information changes, it is your responsibility to update it within a timely manner. If you supply us with incorrect information, the balance of the account will be entirely patient responsibility. We will not be responsible for rebilling, appealing, or other dealings with newly provided insurance carrier. We accept cash, personal checks, VISA, MasterCard, and Discover. There is a \$40 fee for each returned check from your bank. If possible, we will verify insurance benefits and eligibility prior to the first appointment as a courtesy. The ultimate responsibility is with the patient. As a courtesy to you, we will bill your primary, secondary, and tertiary insurance; however, if our office has not received payment after 90 days, the balance will become patient responsibility unless other arrangements are made with us.

Required Payments

Any co-payments or co-insurance required by an insurance carrier must be paid at the time of service. We have the right to cancel your privilege to make charges against your account at any time and require that visits must be paid at the time of service. If you have a balance on your account, we will send you a monthly statement. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued and is considered past due if not paid by the end of the month.

Contracted Insurance

If we are contracted with your insurance carrier, we must follow our contract and their requirements. If you have a co-pay, deductible, or co-insurance, you must pay that at the time of service. As contracted providers with your insurance carrier we agree to accept the allowable amount (usual and customary) established by your insurance carrier. Although we may estimate what your insurance carrier may pay and the patient responsibility portion, it is the insurance carrier that makes the final determination of payment and eligibility.

Non-Contracted Insurance

Insurance is a contract between you and your insurance carrier. It is the patient’s responsibility to verify if our office is a contracted or non-contracted provider. We will still bill your insurance carrier as a non-contracted provider. There is no adjustment or write-off for the difference between what we charge and what the insurance allows. You agree to pay any portion of the charges not covered by your insurance.

Waiver of Confidentiality

If this account is submitted to an attorney or collection agency, if we litigate in court, or if your past due status is reported to a credit reporting agency the fact that you received treatment at our office may become a matter of public record.

Authorizations/Referrals

If your insurance carrier requires a referral or authorization, you are responsible for obtaining it. Usually this comes from your primary care physician. Failure to obtain this referral or authorization may result in reduced or no payment from your insurance company. You are encouraged to contract your insurance company to verify your PT benefits.

Worker’s Compensation

If your claim is in deferred status, we will ask for private medical insurance to bill if your claim is denied. We require approval/authorization by worker’s carrier prior to your initial visit. If your claim is denied and you do not have private medical insurance, you will be responsible for payment in full. If your claim is in litigation, we do require verification of this from your attorney and/or worker’s compensation carrier.

Personal Injury/Motor Vehicle Accidents

If you are being treated as part of a personal injury lawsuit or claim, we may require verification from your attorney. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient’s responsibility. We cannot bill your attorney for charges incurred in a personal injury case. If you have Personal Injury Protection (PIP) through your motor vehicle insurance, we will bill them as primary insurance and will bill your private health insurance when your PIP benefits are used up.

Benefit Assignment

You assign all medical benefits to us. This includes health, Medicare, auto insurance, and worker’s compensation or other insurance plans. You also authorized us to release all information necessary (including photocopies of medical records) to secure payment. You agree that if insurance pays you directly, this monetary amount is actually owed us and is your responsibility to provide us payment.

Finance Charge

A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was paid by your insurance company or due by you. The FINANCE CHARGE will be computed at the rate of one percent (1%) per month or an ANNUAL PERCENTAGE RATE of twelve (12%). The finance charge on your account is computed by applying the period rate (1%) to the “past due balance” of your account. The “past due” balance of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. You understand that finance charges are not billable or payable by insurance.

Past Due Accounts

If your account balance becomes past due, we may need to take necessary steps to collect this debt. This may include contracting the person listed as the Emergency Contact on your patient data sheet. If we refer your account to a collection agency, you agree to pay all the collection costs which are incurred. We will add a surcharge of 30% to your balance if your account is turned over to an outside collections agency. If we refer collection of the balance to a lawyer, you agree to pay all lawyers’ fees which we incur plus all court costs.

By signing below, I accept the patient financial policies listed above.

Patient Name (print) _____

Signature _____ Date _____