



Allied Health Rehab Centers

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ABOUT FINANCIAL ARRANGEMENTS

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Office co-payments are due at the time services are rendered. We accept cash, checks, mastercard, and visa. We will be happy to help your process your insurance claim form for your reimbursement. If your insurance company requires a completed insurance form please supply us with this.

We will gladly discuss your proposed treatment and answer any question relating to your insurance.

You must realize, however that.

1. Your insurance is a contract between you, your employer and insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to a maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50 %, or 80%) of "UCR" is defined as usual customary and reasonable by most companies.

This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of Care in this area.

3. Not all services are a covered benefit in all contracts. Some insurance companies Arbitrarily select certain services they will not cover. This is your responsibility to know your own contract
4. If your worker's compensation claim is denied your are ultimately responsible for payment of services.
5. If you are self-pay, a payment on the balance is required at the time of each visit. Your Payment will be _____.

While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage your to contact us promptly for assistance in the management of your account. I understand that I am responsible for an initial fee of 38% plus any other associated fees for debt collection, if for any reason this account is turned to collections.

I understand and agree, that, (regardless of my insurance status); I am ultimately responsible for the balance of my account for any professional services rendered.

Signature _____ Date _____

Signature (if minor) _____ Date _____

