



PHYSICAL THERAPY MEDICAL ASSIGNMENT OF BENEFITS & FINANCIAL POLICY

We at The CORE Institute®, Physical Therapy are pleased to be a part of your rehabilitation experience and thank you for choosing us. We find that communication with our patients regarding our financial policy assists in providing the best service to you.

INSURANCE BILLING

We will gladly call your insurance company to identify what your benefit coverage is, however, please understand that **insurance companies will not guarantee medical benefits over the phone**. We can only use this information as an estimated **guideline**. Actual determination is made 4 to 8 weeks later after we receive the written notification and/or payments on your claim. We strongly encourage you to contact your insurance company directly in order to understand your plan's coverage and limitations. Please be aware that we will only bill up to two (2) insurance companies (primary & secondary) for MEDICARE related claims and only one (1) insurance company (primary) for all other claims, unless prior arrangements have been made with our Billing Office.

Your insurance company may also require a current therapy prescription (prescriptions expire 30 days from the date they are written), a "Letter of Medical Necessity" written by your physician and/or pre-authorization directly from your physician for therapy services. This is your responsibility to obtain and non-compliance with this may result in services not being reimbursed by your insurance company.

PAYMENTS

All deductibles, co-pays, and cash pay estimated amounts are due at the time of service, unless other arrangements have been made with our facility. Cash pay patients may receive a discount on the date of service if payment is made in full.

Once we received all payments or notifications from your insurance company, we will present you with your final statement. Payment for any outstanding balance will be due after you receive your final statement. If we do not receive the payment, we may be forced to pursue legal collection proceedings. Please do not hesitate to ask us any questions or request a copy of your account balance. Once again, we appreciate your choosing The CORE Institute®, Physical Therapy.

By signing this form, I the patient (or legal guardian of the patient), have read, understood and agree that I am 100% responsible for all fees incurred here at The CORE Institute®, Physical Therapy that are not covered by my insurance company. I agree to authorize The CORE Institute®, Physical Therapy to release my medical information to insurance companies, physicians, attorneys and to all other pertinent parties that may be involved in my claim or care. I also agree to assign all payment of benefits to The CORE Institute®, Physical Therapy.

Patient Name (Printed)

Patient (or Legal Guardian)Signature

Date