



Financial Policy (Page 1 of 2)

Thank you for choosing Praxis Physical Therapy and Human Performance as your health care provider. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial Policy is important to our professional relationship. As a convenience to you, we will contact your insurance to identify your physical therapy benefits. Please contact our Medical Billing Department if you have any questions, 847-247-7200.

Payment is due at time of service. We accept cash, check, Visa/MasterCard and Discover. All patients must complete our "Patient Registration Form" and other related forms. For cases which we bill insurance directly, we must have a copy of the insurance ID card and your written prescription. If payment is not received from the insurance carrier or other responsible third party in 60 days, we have the right to bill you directly. Please notify us immediately of any changes in your insurance or coverage.

Payment for all co-pays, co-insurance, deductibles are due at time of service.

Praxis is an independently owned small business. It is our goal to focus on providing you with quality physical therapy services. We do not have the resources to repeatedly track down unpaid claims, for which, you as the patient are ultimately responsible. Please read carefully the summary of our financial policy; detailed information is provided on the following pages:

- 1. For all our patients we will submit a claim to your insurance provider.**
- 2. In the event, we do not receive payment within 30 days, we will contact your insurance provider once on your behalf for each date of service.**
- 3. If your insurance provider has not responded to our submitted claim and phone calls for unpaid balances, you will be responsible for the payment.**
- 4. All outstanding balances are due in 30 days, balances over 30 days will incur a monthly finance charge of 2.5 % per month.**
- 5. Your insurance coverage is a contract between you and your insurance company.**
- 6. All account with balances over 90 days, without an established payment plan, will be sent to a collection agency regardless of the circumstances. You, the patient/responsible party are responsible for all collection agency fees.**

Printed Name of Patient _____ Date: _____

Signature of Patient or Responsible Party _____

The Patient/Responsible Party is ultimately responsible for all charges and balances.



Financial Policy (Page 2 of 2)

For copies of medical records: 24-hour notice is required for copies of medical records and there may be a nominal fee to cover recovery and processing expenses.

UCR (Usual and Customary Rates) We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of UCR rates. Claims processed by your insurance company are based on medical necessity, which is no guarantee of payment.

Self pay. Payment is due at time of service.

PPO All co-payments are due at the time of service. We participate in some, but not all, plans. You are responsible for verifying in or out of network providers for your plan. PPO patients will only be responsible for their co-payments, deductible and co-insurance as long as it has been verified with their insurance provider that Praxis Physical Therapy and Human Performance is in their plan and that physical therapy services are covered.

Workers Compensation If you are here as a result of work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. We will also need to verify that your employer assumes responsibility for charges incurred. If we cannot verify responsibility or we are unable to obtain information on your employer's Worker's Compensation insurance, as a courtesy we will bill your health insurance carrier. If payment is not received from these third parties within 60 days, you are responsible for the balance.

Accident Claims If you are here as a result of an accident claim, we require information from both your health insurance and accident insurance companies. Our medical billing department will identify your insurance coverage. We do not hold claims until Physical Therapy treatment is completed or settlements have been made. Payment is expected at time of service. In the event we do not receive payment from the insurance company, you will be personally responsible for all charges.

Medicare We accept Medicare assignment. As a Medicare patient you are responsible only for your deductible. If you have supplemental insurance we will bill it directly for you. You will receive a bill after your insurance has paid.

I authorize Praxis Physical Therapy to bill my credit card directly for physical therapy treatment provided.

Patient Name _____ Name on Credit Card _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Type of Card: VISA MASTERCARD

Expiration date: _____ Account Number: _____

Credit card authorization required for all minor patients participating in physical therapy without a guardian/parent present.