Atlas Therapy, Specialized Physical Therapy

FINANCIAL POLICY

Thank you for choosing Atlas Therapy as part of your healthcare team. We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to us and is defined below.

PAYMENT AT TIME OF SERVICE, FEES AND COLLECTIONS

Your insurance policy is a contract between you and your insurance company. We do provide your insurance carrier with information regarding your diagnosis and treatment. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, secondary insurances, "usual and customary " charges, etc. other than to supply necessary factual information. We, and your insurance contract, require that you pay any amount not covered by your insurance. If your insurance does not cover the cost of your visit or procedure, you will be responsible for the charges for all services rendered. It is ultimately your responsibility to assure coverage by your insurance provider; however, as a courtesy, we do verify your information prior to treatment and will share that information with you. If payment is not received from your insurance company within 60 days, the balance of the account becomes your responsibility.

We will determine if you are responsible for a copay, deductible, or coinsurance under your policy. Co-pays are expected to be paid in full at time of service. Atlas Therapy is unable to reduce or waive any co-pay, deductible, or co-insurance due to contract obligations and federal law.

Once the insurance company determines your personal financial obligation, we will mail you a statement. Full payment is expected upon receipt of the statement unless other arrangements have been made with Atlas Therapy. Any account past due by 30 days or more may be subject to submission to our collection agency. If your account becomes delinquent and is placed into our collection process, all collection fees will be your responsibility and added to your balance. If there is an account balance or the account has been sent to collections, Atlas Therapy will not schedule a new evaluation until the account is paid in full.

COLLECTION OF PAYMENT

All copays are due in full on the day of service and all statements are due in full at the time of receipt. There will be a $30 fee on all returned checks and all future payments may require to be paid with cash, money order, cashier's check or credit card. If this creates a financial hardship for you, a payment plan can be determined with Atlas Therapy's billing department. If you have a balance that is 90 days past due without a payment plan or have not maintained the agreed-upon payment arrangement with the payment plan, your account will be turned over to a collection agency with an added 30% collection fee.

*MISSED APPOINTMENTS/ NO SHOWS/ LATE FOR APPOINTMENTS

Scheduling our patients for one-on-one appointments is a valuable treatment plan that sets us apart from other physical therapy facilities. Time is precious; yours and ours, and our schedules often become full. Therefore, we respectfully request that you provide a MINIMUM of 24 hours' notice when you NEED to cancel an appointment. Frequent cancellations may result in a $50 cancellation fee. If you cancel your appointment in less than 24 hours, or if you "no show", we reserve the right to charge a $50 fee.

If you are running late on the day of your appointment, please contact our office immediately so that we can determine whether we can see you that day or if we will need to reschedule your appointment. Often times our schedules are back-to-back every 30 minutes; therefore, being 10 minutes late may affect your treatment time.

MEDICARE PAYMENT

If you have Medicare as your primary insurance carrier but you do not have a secondary insurance, you are responsible for the deductible and coinsurance. You will be required to sign an Advanced Beneficiary Notice (ABN) if we believe the services may not be covered by Medicare.

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NON-CONTRACTED INSURANCE (Out of Network)

If you have an insurance plan that we do not participate with, you may have out-of-network benefits. These benefits typically have a higher copay, coinsurance, and/or deductible out- of- pocket cost.

SELF- PAY

If we are under a contract with your insurance carrier, we are legally required to bill your insurance; therefore, you are not eligible for self-pay. Self-pay is used if you are uninsured or have no out of network benefits.

REFERRALS

If your insurance carrier requires a referral for your visit, it is your responsibility to make sure that our office receives a valid referral. A referral is always required for Medicare/Tricare, workers comp and Auto. If you do not have a valid referral or authorization at the time of service, we will be unable to treat you until a valid authorization/referral is obtained. Please remember that it is your responsibility to make sure we are on your plan's provider listing. We appreciate your understanding of the ever-changing requirements of managed care plans and our position to adhere to their policies or requirements.

ASSIGNMENT OF BENEFITS, ASSIGNMENT OF RIGHTS TO PURSUE ERISA AND OTHER LEGAL AND ADMINISTRATIVE CLAIMS ASSOCIATED WITH MY HEALTH INSURANCE AND /OR HEALTH BENEFIT PLAN (INCLUDING BREACH OF FIDUCIARY DUTY) AND DESIGNATION OF AUTHORIZED REPRESENTATIVE

I hereby assign and convey directly to the above-named health care provider, as my designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, and/or medications rendered or provided by the above-named health care provider, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the above-named health care provider to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator fiduciary, insurer, and/or attorney to release to the above-named health care provider any and all Plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from the above-named health care provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance reimbursement above, I also assign and/or convey to the above named health care provider any legal or administrative claim or chose an action arising under any group health plan, employee benefits plan, health insurance or tortfeasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications I receive from the above-named health care provider (including any right to pursue those legal or administrative claims or chose an action). This constitutes an express and knowing assignment of ERISA breach or fiduciary duty claims and other legal and/or administrative claims.

I intend by this assignment and designation of authorized representative to convey to the above-named provider all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or mediations provided by the above-named health care provider, including rights to any settlement, insurance or applicable legal or administrative remedies (including damages arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (above-named provider) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose in action or right against any liable party, insurance company, employee benefit plan, health care benefit plan, or plan administrator. The above-named provider as my assignee and my designated authorized representative may bring suit against any such health care benefit plan, employee benefit plan, plan administrator or insurance company in my name with derivative standing at provider's expense.

Unless revoked, this assignment is valid for all administrative and judicial reviews under PPACA (health care reform legislation), ERISA, Medicare and applicable federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original.