Occupational & Hand Therapy Specialists, Inc.

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FINANCIAL / PAYMENT POLICY

Thank you for choosing ***Occupational & Hand Therapy Specialists, Inc.*** for your therapy needs. We are committed to providing all of our patients with quality and affordable health care. Our office has devised the following financial and payment policy to inform you of your responsibility as a patient and answer questions you may have regarding patient and insurance responsibility for services rendered. Once you have read the document, please sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan we are a contracted provider with, payment in full is expected at the time services are rendered. Your benefits for Occupational Therapy may be provided to you as a courtesy, however knowing your insurance benefit coverage is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and Deductibles.** All co-payments must be paid by all patients ***at the time of service***. This arrangement is part of your contract with your insurance company.
3. **Non-covered Services.** Please be aware that some of the services you receive may be non-covered or not considered medically necessary by your insurance company, therefor you will be responsible for the amount not covered.
4. **Proof of Insurance.** We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims Submission.** We will submit your claims to your insurance carrier(s) and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. ***Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.***
6. **Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
7. **Nonpayment.** If your balance remains unpaid and is ***over 60 days past due*** with no response to our requests for payment, we will refer your account to our Collections Agency and you may be discharged from the practice. In addition to your outstanding balance, a minimum surcharge of 30% may be added to cover our costs, collection fees or attorney fees.
8. **Methods of Payment.** *Occupational & Hand Therapy Specialists, Inc.* will accept the following methods of payment: **Cash, Personal Check, Visa, MasterCard, and Discover**. A **$35 fee** will be charged for any personal check returned from your financial institution.

Our practice is committed to providing the best treatment and care to all of our patients while maintaining a lawful and compliant facility. Thank you for your understanding of our payment policy. Please let us know if you have any questions or concerns and we will be glad to assist you.

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I HAVE READ AND UNDERSTAND THE FINANCIAL / PAYMENT POLICY AND AGREE TO ABIDE BY ITS GUIDELINES:

X_____ **X**_____

PATIENT / GUARDIAN SIGNATURE **DATE**