Payment Policy
Personal Injury/Workers' Compensation Claims

While we will take all reasonable action to obtain accurate physical therapy benefit information for your specific plan, **be aware that verification of benefits is NOT a guarantee of payment from your insurance carrier and ultimately YOU are responsible for payment.** We recommend that you contact your insurance company so you are aware of your benefit costs and their limitations.

WORKERS' COMPENSATION: We will bill your Workers' Comp carrier for your charges. We appreciate you keeping us updated about changes in your coverage as soon as possible. It is important to complete any forms sent to you by the workers' comp insurance as soon as possible. In some cases you may be enrolled in a state MCO after you have started treatment. We are **NOT** contracted with any of the state MCOs at this time. It is important to make us aware of this change as soon as possible to avoid responsibility of any charges. If you are enrolled in a state MCO you will be given a list of contracted providers. We will forward your records to the provider you choose to ensure continuity of care. **If your workers' compensation claim is initially denied and you appeal that decision and receive a disputed claim settlement, Oregon law requires that the insurer pay up to 50% of your outstanding medical bills out of the proceeds of the disputed claim settlement and that we will bill you for any amount remaining after we receive payment from the workers' compensation carrier.**

MOTOR VEHICLE ACCIDENT: We will bill your Auto Insurance carrier for your charges under the Personal Injury Protection (PIP) provisions of your auto insurance policy. Please note that you will remain financially responsible for all of your charges if your carrier denies coverage. **It is the patient's responsibility to let us know when PIP benefits have been exhausted.** We will bill your private health insurance (provided accurate insurance information is given to us) or make payment arrangements with you in the case of PIP exhaustion. If you pursue legal suit for your injury, we reserve the right to protect our payment in full for your physical therapy services out of the proceeds of any settlement of judgment you may obtain.

LEGAL ACTION: We will agree to wait for full payment under a legal letter of protection if you meet each of the following criteria:

1. Do not qualify for benefits under any insurance policy (medical or auto), and
2. Are indigent and cannot pay for charges due using cash or credit card, and
3. Are awaiting settlement and subsequent payment of damages from a related legal case, and
4. Return our letter of protection, signed by both you and your attorney

Prior to your settlement, payment on our account will not be required unless your charges remain outstanding for more than 90 days from the date of last treatment. Upon settlement of your legal case, your balance **IN FULL** is due within 30 days. We may limit the number of visits we can provide to you under a lien to protect our clinic and the patient from accruing a high outstanding balance.

Visit cost for an hour long appointment is approximately $250-$300 for the evaluation and $200-$275 for follow-up appointments. We like to provide this information so patients can estimate and plan for the cost of physical therapy treatment. **We suggest that you keep track of any benefit limitations (see limitations sections below) closely so you are aware of when benefits are getting close to exhaustion. Services provided beyond your benefit limitation will be your responsibility.** In some cases, the insurance company may decide services are not medically necessary after treatment has been provided. In these cases we will provide documentation to the insurance company to show the need for treatment one time. In the event that the insurance does not change its decision, the patient agrees to pay the cost of the appointment and may choose to appeal to the insurance company themselves. We will provide you with documentation for the insurance company if you request it from us.

Privacy Practices: Signing below indicates that the formal office HIPAA policy and procedures and Red Flag Rules have been explained to the patient and that a copy of the policy was provided to the patient. We will ask to see your Driver's license or alternate ID for identification purposes, but we will not keep a copy in your file.

Assignment of benefits/authorization to release medical information/consent to treatment: I hereby assign all medical benefits to which I am entitled to Good Health Physical Therapy & Wellness in the event they file insurance on my behalf. I understand that I am financially responsible for all charges whether or not paid by said insurance. In the event my account becomes delinquent and is in default of payment, I accept responsibility for the principal amount owing as well as all reasonable costs associated with the collection of this debt. This includes but is not limited to collection service fees of $20 per balance transferred, attorney's fees, and all court costs and additional legal fees associated with the recovery of this debt. **Interest may be charged at a rate of 1.5%per month (18% annually) for unpaid balances over 90 days from the date of service. All balances must be paid off within one year from the first date of service.** We reserve the right to charge returned check fees as allowed by state law. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. I do hereby consent to such treatment by the authorized personnel of Good Health Physical Therapy & Wellness as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

Thank you for allowing us the opportunity to serve you. If you have any questions about the above information or any uncertainty regarding your insurance coverage, please ask for our assistance.

Patient Name	Date of Birth
AUTHORIZED SIGNATURE	DATE
Parent/Guardian name for minor patients	Relationship

For administrative use only:

☐ **Driver's license or ID verified**