

## ***PAYMENT POLICY***



1. All patient co-payments are due in full at time of service.
2. Idaho Physical Therapy will gladly bill your insurance company for you according to the services and procedures performed during your visits, however, please remember that it is your responsibility to know exactly what your insurance plan covers. Some insurances have limits, either monetary or numerical, as to how much outpatient physical therapy they will cover. It is important to understand your individual plan.
3. Patients who are not covered by an insurance company must pay in full at the time of service. All charges become due and payable upon 30 days after final billing to insurance.
4. We will accept, and recommend, any partial payments you may wish to make beyond your co-payments at the time of service. This will allow you to make more frequent, smaller payments and will lower the final balance that may exist when you have finished your treatments and insurance responsibility is complete.
5. Payments may be made via debit/credit cards, cash, or personal checks. All returned checks will be charged a \$5 return fee added the patient's account.
6. Please contact Idaho Physical Therapy within 30 days of the first billing for any disputed amounts.
7. If payment arrangements are necessary, we will be happy to work out a payment schedule with you to clear your account. Any account left unpaid after 60 days may be referred for collection or legal proceedings unless previous arrangements have been established.
8. Idaho Physical Therapy will submit bills to your insurance company for services rendered. After this, the bill is considered your responsibility, regardless of whether your insurance company makes payment.
9. If you have any questions regarding these policies, please contact us before services begin.

I have read and understand the above payment policy and agree to all terms stated above.

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Guarantor or Patient Name (please print)

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Guarantor or Patient Signature

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Date