



# PRIVATE THERAPY SERVICES

PHYSICAL THERAPY

815 SAVANNAH HWY SUITE 101, CHARLESTON, SC 29407

PHONE: 843-766-2121 FAX: 843-766-8644

## Financial Policy

Thank you for choosing Private Therapy Services for your physical therapy needs. Our primary concern is centered on you, the client. We want to provide the best in physical therapy care needed to restore your health.

We bill all insurances as a courtesy. We participate with most plans in this region and accept assignment. You are responsible for all deductibles, co-insurance and/or co-payments as outlined in your insurance contract. We will try to make you aware of your financial obligations. However, we ask that you do the best to understand your individual plan as there can be differences according to the employer group benefits and what is covered for you. If referrals are necessary, it is your responsibility to see this is done prior to your first visit.

If you have an insurance with which we do not participate, you may have a higher out-of-pocket responsibility than if you had chosen an in-plan facility.

Please ensure that we have a copy of your most current insurance card on file and notify us if any changes in any personal information or insurance coverage immediately.

We ask that you provide us with a 24 hour notice if unable to keep a scheduled appointment. A charge of \$35.00 will be charged for missed appointments.

Patient statements are mailed monthly. Please pay promptly upon receiving the statement. We understand that temporary financial problems may affect timely payment and ask you to contact our billing department to make arrangements if this situation occurs. We will do our best to work with you.

Again, thank you for choosing Private Therapy Services for your health care needs, and we appreciate the opportunity to serve you.

**Patient's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

By my signature I indicate that I have read this policy and agree to its provisions.