

## HOME VISIT FINANCIAL POLICY



**PRIVATE THERAPY SERVICES**  
PHYSICAL THERAPY & SPORTS MEDICINE CENTER

Thank you for choosing Private Therapy Services for your physical therapy needs. Our primary concern is restoring your health by providing the best in physical therapy care. **Private pay is discounted to \$90/visit, or Prepay 3 visits @ \$240.** PTS participates with most insurance plans. If you choose to file insurance, then we will contact your insurance company and inform you of your financial obligations as provided to us. However, you are responsible for understanding your coverage and confirming this information. You are responsible for all payments, deductibles, co-insurance, and/or co-payments based on how your insurance processes the claim. Insurance companies do not “guarantee” payment even if you have coverage. If for some reason they do not pay, then you are responsible.

Please ensure that we have a copy of your most current insurance card on file and notify us of any changes in any personal information or insurance coverage immediately. Your insurance is expected to pay the claim within 60 days. You should receive or have access to an Explanation of Benefits (EOB) from your insurance company, stating how much the insurance company discounted, paid and how much you owe. Check these to make sure your coverage is what you thought in the beginning. This will avoid any unexpected medical bills. If PTS is “out-of-network”, you may have a higher out of pocket responsibility than if you had chosen an in-network facility.

HOME VISIT CLIENTS DO NOT CHECK IN WITH OUR FRONT OFFICE EACH VISIT TO MAKE PAYMENTS, THEREFORE PAYMENTS WILL BE COMPLETED VIA A CREDIT CARD ON FILE. (see credit card form) IF YOU CHOOSE TO PAY WITH CASH OR CHECK AT THE TIME OF YOUR VISIT THEN YOUR CARD WILL NOT BE CHARGED. Clients agree to a one time Registration/ Treatment **fee of \$35.00** which is applied to: non-insurance covered treatments, travel, supplies and services. **Your Credit Card on file will be charged each visit based on the signed agreement for each visit and \$45 for any late cancellations. We ask that you provide us with a 24 hour notice if unable to keep a schedule appointment to allow time for us to fill your reserved time.** Payment is due at the time of your visit. Insurance deductible and coinsurance is collected on an estimated insurance fee schedule. Feel free to call our office each visit to confirm payment.

*Please ask if you ever have questions. CALL 843-766-2121 (a live person will actually answer!!!!)*

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:** \_\_\_\_\_

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