

Finger Lakes Physical Therapy P.C.

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FINANCIAL POLICY

We would like to take this opportunity to welcome you to our office. We are committed to providing you with quality and affordable health care. Our fees are representative of the usual and customary charges for our area. Please review our financial policies and ask us any questions you may have.

PATIENTS WITH INSURANCE COVERAGE:

All copayments, deductibles and non-covered services are required to be paid at the time of service prior to your appointment. This arrangement is part of your contract with your insurance company. For your convenience we accept cash, checks, debit and/or credit cards (**Visa & MasterCard**). We make every effort to accept a broad range of major insurance carriers. We will be happy to help you obtain the appropriate benefit from your insurance carrier by billing your insurance as a courtesy to you. However, you are responsible for the payment on your account. Portions of the bill may not be paid by your insurance company and are to be paid by the patient. **Knowing your insurance benefits are your responsibility.** Please contact your insurance company with any questions you have regarding your coverage.

Proof of insurance: a valid insurance card/Workman's Compensation paperwork, and No Fault Insurance paperwork must be obtained at initial visit. If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you receive your maximum benefits. **If your insurance company does not pay your claim the balance will then be automatically billed to you.**

Direct Access Patients: New York State allows 10 visits or 30 days whichever comes first before you will need to be seen by your Physician in order to be evaluated to obtain a prescription to continue Physical Therapy. **NOT EVERY** insurance plan/carrier allows this; so you are responsible to check your benefits before your Initial appointment. Any visit not covered will be patient responsibility if prescription is not obtained per Insurance requirement.

PATIENTS WITHOUT INSURANCE COVERAGE:

*****Patients without insurance coverage are requested to pay for services as rendered.*****

OTHER CHARGES:

No Show Policy: Appointments cancelled with less than **24 hours notice** and "**No-Shows**" are assessed a **\$25 fee**. If there are extenuating circumstances leading to you not coming to an appointment please let us know. **You may be required to pay your fee prior to the next appointment if you have had two No-Shows/ less than 24 hour notice cancellations.**

Nonpayment: A **\$10** billing fee will be added for balances not paid in full within **30 days** unless prior arrangements are made. A patient may be referred to a collection agency and/or commence legal action if no payments have been made at least 120 days since the balance was transferred to patient. The patient is then responsible for any fees incurred by Finger Lakes Physical Therapy. If you are unable to pay your bill please discuss this with us as soon as possible so we can work out a payment plan. We want to keep you as our patient. However, if your balance remains unpaid you may be discharged from the practice. If this is to occur you will be notified by regular mail that you have 30 days to find alternative medical care.

Checks Written with Insufficient Funds: a **\$40** fee will be charged to the patient for all returned checks.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF FINGER LAKES PHYSICAL THERAPY

Signature of Patient or Guardian

Date