



## Patient Financial Policy

At AOPT we are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Our fees for services are based on the level of professional skill required, the severity and complexity of the injury or illness, as well as the time spent treating you.

The patient or responsible party is responsible for seeing that the entire bill is paid in full. **AOPT is contractually obligated to all insurance companies to collect on balances that are the patient's responsibility.** Your clear understanding of our Financial Policy is important to our professional relationship.

**Insurance:** **Billing of insurance is a courtesy we provide our patients and is not required by law. Our professional services are rendered to a person, not an insurance company. The insurance company is responsible to the patient and the patient is responsible to us.** Therefore, **if your insurance does not respond within 30 days the bill will become your responsibility.** Please notify us if your insurance carrier or policy has changed.

**Copayments:** Your insurance contract **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay your co-pay prior to each visit.

**Deductibles and Co-Insurance:** AOPT will verify your insurance benefits and you will be expected to pay your deductible amounts prior to services being rendered. If you have questions regarding any amount due after insurance has processed your claim, please contact them (your insurance) directly.

**Non-Covered Services:** **If your insurance plan determines that a service is not covered for any reason, you will be responsible for payment of the charges. If your insurance requires authorization, and they advise AOPT that authorization is NOT required, we can only go by what the insurance tells us. It will be your responsibility to pay for all rendered services, regardless of your insurance's choice to cover or not cover.** AOPT will do everything in our power to be sure proper authorization and visit limitations are monitored and adhered to, but sometimes insurances tell us one thing, then do something else, and this is not the responsibility of AOPT, rather it is the responsibility of the patient first and foremost.

**Non-Participating Insurance Plans or "Out of Network":** It is the responsibility of the patient to verify whether AOPT contracts with your insurance plan. Any outstanding balances are the responsibility of the patient. Insurance companies sometimes use the phrase "usual and customary" or "out of network" when discussing our fees. Insurance companies set their own "usual and customary" rates based on a wide geographic area and the fees we charge may differ.

**Referrals:** If your insurance plan requires a referral from your primary care physician or "Passport Provider" it is your responsibility to obtain this prior to your appointment and have it with you at the time of the appointment. If you do not have your referral you may be required to reschedule.

**Workers Compensation/Other Accident Cases:** In order for AOPT to file a claim with your work comp or other liability carrier you must provide complete billing information. Without this information, we are unable to bill your insurance carrier and we will ask for payment in full at the time of service. Patients shall be financially responsible for medical services related to work comp/accident if insurance fails to pay in full. AOPT will not bill attorneys for medical services.

**Self-Pay/Uninsured:** Payment in full is required for all self-pay/uninsured patients. For new patients, \$80 per visit for Physical Therapy services paid at time of service will be required. Any fees remaining will be collected following your appointment at check-out.

**Minors of Divorced Parents and Child Custody Cases:** Both parents are financially responsible for care rendered to minor children. We do not get involved in divorce situations and the parent that signs for the child will be financially responsible and any statements will be mailed directly to that parent.

Payment for services may be paid by cash, personal check, Visa, MasterCard, Discover, or American Express. Responsible parties will be responsible for any collection fees, interest, and other expenses necessary to collect on any account, including court costs should legal action be necessary to collect.

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Patient Signature: \_\_\_\_\_