



Oregon Physical Therapy at Timberhill LLC

FINANCIAL POLICY

March 4th 2019

Oregon Physical Therapy at Timberhill LLC believes that part of good healthcare practice is to establish and communicate all updated financial policies to our patients. We are dedicated to providing you the best quality care and patient experience.

1. Insurance / Medicare Policies As a courtesy, your claims will be filed directly with Medicare or your primary insurance carrier by Oregon Physical Therapy at Timberhill. Insurance companies often have limits on the amount of physical therapy they will pay for in a year. Limits may be imposed monetarily or by number of visits. It is the patient's responsibility to know and understand their insurance plan. Failure to present correct and current insurance information at the time of service may result denial of benefits. If insurance sends correspondence, please reply as to not delay or negate your benefits.

Having insurance is in no way a guarantee of coverage or benefits. If our clinic is not currently in-network with your insurance provider or if benefits are exhausted at any point during treatment, there are alternative payment options available.

2. PAYMENT/Co-Pay is required at the time of your visit. We will accept cash, check, credit card, FSA or HSA. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges.

3. LATE CHARGES Any patient balances remaining after 60 days will be subject to a 2% finance charge per month.

4. RETURNED CHECKS will incur a \$25.00 service charge.

5. ACCOUNTING PRINCIPALS Payment and credits are applied to the oldest charges first,

6. BILLING OFFICE: If you have questions in regard to any of your billing statements, our accounts receivable staff at Oregon Physical Therapy at Timberhill LLC will assist you.

CALL 541.243.8199

Oregon Physical Therapy at Timberhill LLC / 2865 NW 29th St. Corvallis, OR 97330
Phone: 541.243.8199, Fax: 541.286.4485, Website: orphysicaltherapy.com

7. CANCELLATIONS OR MISSED APPOINTMENTS: If you do not cancel your appointment at least 24 hours before, or if you no-show, a \$25 fee will be assessed.

8. RESPONSIBILITY FOR PAYMENT: I understand that I, personally, am financially responsible to Oregon Physical Therapy at Timberhill LLC for charges incurred during my appointment.

9. **SELF PAY PATIENTS:** A discounted rate is applied to all full-pay payments received at the time of service. A copy of our fee schedule is available.

10. **RELEASE OF INFORMATION:** I hereby authorize and direct Oregon Physical Therapy at Timberhill LLC to release to governmental agencies, insurance carriers, or others who are financially liable for such professional and medical care, all information needed to substantiate claim and payment.

11. **COLLECTION FEES:** I understand that in the event my account is placed in collection status, any additional fees incurred due to this, will be added to my outstanding balance. This includes but is not limited to late fees, collections agency fees, court costs, interest and fines. I understand that these additional fees will be my personal responsibility to pay in full.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of Patient (or Guarantor, if applicable)

Date

Please print the name of the patient

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