



Financial Policy

We are pleased to have you as our patient, and we are committed to providing you with our best professional care. Your clear understanding of our Financial Policy is important to our relationship.

Children and Dependents

For billing purposes, we require the Name, Address, Phone Number, Date of Birth, and Social Security Number of the Guarantor who will be responsible for all fees incurred.

Self-Pay/Private Pay Patients

If you don't have Insurance, or Physical Therapy benefits are not covered by your plan, we require payment in full at the time of service, unless prior payment arrangements have been established. We accept Cash, Checks, and Visa, MasterCard, Discover, and American Express Credit Cards

PPO/HMO/Commercial Plans

We will file your claims to your Insurance. Copays, Coinsurances, and Deductibles are due at the time of service. Should the Insurance need additional information from you for the processing of our claim, we require that you assist in the prompt payment of the claim by expediently providing the necessary information to your Insurance Company; otherwise, the balance will be transferred to your responsibility.

Please be aware of your coverage benefits for Physical Therapy. It is ultimately your responsibility to be informed and to comply with the financial obligations your insurance imposes. A benefits quote is not a guarantee of payment; it may be subject to other plan limitations or exclusions.

Personal Injury Protection

As a courtesy, we will file your claim to your insurance company. However, you are ultimately responsible to see that the account is paid in full. Your Insurance Policy is an agreement between you and your Insurance Company. Should the Insurance need additional information from you for the processing of our claim, we require that you assist in the prompt payment of the claim by expediently providing the necessary information to your Insurance Company; otherwise, the balance will be transferred to your responsibility.

It is your responsibility to research and notify our practice of your PIP limits as such information is not made available to us. If our claims are denied due to maximum benefits being exhausted, you will be responsible for the balance due.



All statements sent to you will be Net 30 days for payment in full unless prior payment arrangements have been established.

***Assignment of Benefits to **Austin Manual Therapy Associates** is required in order for payment to be sent directly to AMTA. If your Insurance Policy has a Direct Pay clause, payments will be made out to you and mailed to you. It is your responsibility and obligation to endorse those checks to **Austin Manual Therapy Associates** and mail, or deliver, the checks to our Offices as soon as they are received.*

Medicare

We are participating Medicare providers, and do accept assignment from Medicare. Please advise our Patient Coordinators if you have secondary/tertiary Insurance, so that we may file the claim to your secondary/tertiary carrier for the remaining 20% Coinsurance, or Deductible, not paid for by Medicare. You will receive a statement showing any balance due by you once all Insurances have processed and paid/denied your claims.

Worker's Compensation

Worker's Compensation patients must provide the following before being seen by a Physical Therapist: Claim Number, Date of Injury, and Name of the Adjustor. If your Worker's Compensation claim is denied, you will be responsible for payment. If your claim is in litigation, you are responsible for payment. According to the State of Texas Department of Labor, and the Texas Department of Insurance, we have the authority to bill the patient directly for any denied claims due to entitlement. Upon denial, please provide us with your Health Insurance information so that we can bill to your Health Carrier, or you may pay for services in full.

Collections

We accept Cash, Check, and Visa, MasterCard, Discover, and American Express Credit Cards. If you need to make payment arrangements due to financial hardship, our Offices require that patients call to make mutually satisfactory payment arrangements. Delinquent accounts past 60 days will be referred to American Credit Bureau for collection proceedings. All applicable fees will apply.

Cancellations/No Shows

All cancellations made without a prior 24-hour notice, as well as any appointment no-shows, will be subject to an assessment of a \$35 fee for an appointment of 30 minutes, or a \$70 fee for an appointment of one hour. Cancellation/no-show fees will be collected on the next scheduled visit.