



RD Physical Therapy & Wellness, LLC

Tel: 443-253-4603 Fax: 410-720-2690

Clinic Location : 5070 Dorsey Hall Drive, Suite 101, Ellicott City, MD 21042

Patient Financial Policy

Please Read Carefully

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. This form must be signed and dated before treatment can be initiated with our therapist.

Our Fees:

- PT evaluation: \$75
- PT evaluation and treatment: \$105.00
- Routine Treatment: \$90.00

We have set our fees with a goal of being responsible and fair. They have been aligned with resources based on relative value scale and geographically adjusted for physical therapy within the surrounding area. We do not accept the insurance industry's "usual and customary" fee scheduled and expect payment in full for services rendered. Any dispute regarding the fees charged and their definition of "usual and customary" is between you and your insurance carrier. *(_____)

Initial Here

Payment Method: We accept cash, check, or credit card. If you need to make a payment arrangement due to financial hardship, our business office requires patient to call to make mutually satisfactory payment arrangement.

Physician Referrals: It is your responsibility to obtain any pre-authorization or referrals required by your insurance carrier. It is your responsibilities to accept liability for charges should your health carrier deny any benefits.

Children: Often the person responsible for the children's bills is unclear. In our office, the person who brings the child in and requests treatment is the person who is responsible for all fees incurred. Therefore, if you brought the child today, we ask that you provide us with your home address and the phone number for billing purposes.

Insured Patients

WE DO NOT PARTICIPATE NOR ARE WE A PROVIDER WITH ANY INSURANCE COMPANY.

SERVICES RENDERED ARE CONSIDERED OUT-OF-NETWORK.

You are responsible for deductibles (if not met), co-pays, co-insurance, not-covered services, and items deemed not medically necessary by your insurance company. Since there is no way for this office to determine whether your insurance company will pay for the services performed during your first session, payment in full is required for the initial visit and at the time of each visit thereafter.

Your insurance policy is an agreement between you and your insurance carrier. The patient or guarantor must resolve any discrepancy or dispute of payment. Services that are not covered by the insurance carrier and any outstanding balances are your responsibility.

Additional Policies & Information

All statements must be initialed:

* _____ **24 Hour Cancellation Policy:** A 24 hour cancellation notice must be received to avoid charges. Continuity of your treatment is the basis for your insurance company substantiating the "Medical Necessity" for your care. Three (3) missed or cancelled appointments will result in your discharge from physical therapy services. \$50.00 charge will be assessed for each cancelled visit.

* _____ **Legal Recourse:** If outstanding balance remains after 120 days, the undersigned irrevocable authorizes any attorney of any court to appear for the undersigned at any time after default in the payment of any outstanding balance and confess judgment without process in favor of the provider of service. All costs of collections, including attorney fees, are the responsibility of the patient. In addition, I agree to pay RD Physical Therapy & Wellness, LLC an inconvenience fee of \$125.00 per hour for any and all time spent by an employee of RD Physical Therapy & Wellness, LLC in the collection of any outstanding bill owed for services rendered.

I have read and agree to the Financial Policy, Payment Agreement, Legal Recourse, and Release of information as it applies to me.

Patient Name (Print)

Patients Signature

Date

Would you like a copy of this financial policy? ☐ Yes ☐ No

Please Call our business office if you have any questions or problems with your account.