



Financial Policy

Thank you for choosing Timberline Physical Therapy for your physical therapy needs. We will work closely with you and your physician to provide you with a successful plan of care. Please understand that timely payment for your treatment is an important role in this process. Your clear understanding of our financial policy is vital to our professional relationship.

Our policy states:

- All co-pays and deductibles are due at the time of service.
- Payment is due in full at time of service unless other arrangements have been made.
- If you are unable to make full payment at the time of service please ask to speak with our Office Manager
- We accept cash, checks, or credit/debit cards
- If any portion of your account balance exceeds 60 days, you will be held responsible for this amount

Insurance

Timberline accepts Medicare, all major insurance companies and numerous PPO and managed care contracts. Please be aware that some and perhaps all, of the services provided may be considered not medically necessary by your insurance provider. You will be held responsible for these charges.

Your medical insurance is a contract between you and your insurance company. We are not a party to this contract. Timberline Physical Therapy will submit all claims for charges to your insurance provider as a service to you. Co-pays must be paid at the time of service in order to abide by your insurance contract. If your policy requires a referral, failure to present this prior to services rendered may result in a loss of benefits. If you need assistance in obtaining this referral please contact our front office. If payment arrangements have not been made or full payment is not received in 60 days from date of service, your account may be turned over to an attorney or collection agency and you will be held for all fees incurred.

Please be advised there will be a \$20 fee for returned check.

Thank you for understanding our financial policies. If you have concerns please discuss them with our office manager.

I authorize payment of benefits directly to Timberline Physical Therapy to provide me with services and to furnish information to my insurance company, worker's comp carrier, or attorney concerning my injury and treatment. I understand that I am financially responsible for payment of all services not covered by my insurance carrier. I authorize payment of benefits to Timberline Physical Therapy for services provided.

Signature of Patient or Responsible Party

Date