

PETTYGROVE PHYSICAL THERAPY & SPORTS REHABILITATION
1515 NW 18TH AVE., SUITE 400
PORTLAND, OR 97209
FINANCIAL POLICY

It is our intention to provide the best Physical Therapy for your needs. In order to do that, we must institute a financial policy which allows us to continue to provide the services for the community. The following is a detailed financial policy which helps us to meet our goals of continued service to the community.

Patients are responsible for all charges resulting from treatment provided by Pettygrove Physical Therapy & Sports Rehabilitation. As a courtesy to you, we will bill primary and secondary medical insurance companies at no charge. We will endeavor to help you in any reasonable manner to obtain reimbursement from your insurance company. However, our relationship is primarily with you, and with the exception of Worker's Compensation Claims, statements will go directly to you at all times. In the event your insurance is not in effect or you have a service rendered that is not covered, you will be financially responsible for these services. Payment is due at the time of service.

New patients, or established patients without insurance, will be asked to make a partial payment or financial arrangements with the business office prior to leaving the office after their visit. All established patients will be required to pay their balances in full within 30 days of receiving their billing statement, unless payment arrangements have been made with the billing office. All patient balances over 90 days will be assessed a monthly rebilling fee of \$10.00 on outstanding balances. HMO/PPO co-payments, if required by your plan, are due at the time of service per your insurance plan for each visit. Your account will be assessed a \$5.00 billing fee to cover the cost of billing you if it is necessary for co-payment collections.

It is our policy to charge all patients a \$30.00 fee for checks that are returned by your bank.

We do not have a commercial financing or collection service department located at Pettygrove Physical Therapy & Sports Rehabilitation. You will be asked to pay for services in advance of care if you do not keep your account current. **You may also be discharged from care and/or have your account turned over to a professional credit agency in the event that your account becomes delinquent. It is not our intention to cause undue hardship; however, we must collect our receivables as efficiently as possible in order to continue our service to the community.**

If your insurance requires you to have a referral from your primary care provider for treatment at Pettygrove Physical Therapy & Sports Rehabilitation, we will work with your Primary Care Physician to obtain one. However, **it is your responsibility to obtain your referral if your medical plan requires it.** Referrals can be difficult to obtain. Please be aware that if you choose to be seen before you have received a valid authorization, your insurance will probably not pay for the visit. For this reason, we must ask that you wait to discuss this matter with your Primary Care Physician or sign a waiver form that will make you financially responsible for the visit should your referral request be denied.

In order to provide this service, **we ask that you call a minimum of 24 hours in advance if you are unable to keep a scheduled appointment.** This would allow us to offer that appointment time to another patient. If you are unable to call 24 hours in advance you will be charged a \$25.00 cancellation fee.

I have received and read a copy of the credit policy for Pettygrove Physical Therapy & Sports Rehabilitation. I accept this policy.

Today's Date

Sign your name

Print your name