RIVERSIDE PHYSICAL THERAPY
1701 NW Hawthorne Ave. #103
Grants Pass, Oregon 97526
(541) 476-2502
Fax (541) 476-2397

Thank You for choosing **Riverside Physical Therapy**. Your doctor has chosen Physical Therapy as part of your overall rehabilitation process. In order to prevent misunderstandings, please read the following financial policy regarding payment on your account:

1: The patient is ultimately responsible for payment on their account. **It is the patients responsibility to know what benefits are provided under their insurance coverage. All co-payments are due at the time of service.** Accounts not paid by due date on statements will receive a $5.00 late fee per month. A finance charge of 14.99% Annually will be added to all accounts that are over 90 days old. A Financial Credit application is required to make payment arrangements. There is a $25.00 fee for returned checks with non sufficient funds.
2: As a courtesy to you we will bill your primary insurance company. **For Medicare only we will bill your secondary insurance.** In the event your insurance company changes and we were not notified of changes and/or it is necessary to re-bill your insurance company there will be a $5.00 charge per re-bill.
3: If you are involved in a lawsuit for personal injury, motor vehicle accident, etc., it is your responsibility that payment is made on your account.
4: Patients will be immediately responsible for therapy costs should their insurance company withhold or refuses payments for any reason, at any time. We are not a preferred provider for all insurance companies. Please check with your insurance.
5: Patients are encouraged to clear accounts within 60 days or make other payment arrangements. If no payment has been received after 90 days after the first billing date, collection proceedings will begin and a default fee of $100.00 will be charged. If an attorney is required during collection proceedings, all attorney fees will be reimbursed to RPT at the time of settlement.
6: A copy of your current health insurance card is required and will be kept on file along with your signature and information.
7: If there is an overpayment on your account after your insurance has paid, a refund will be issued to the insurance company or the patient where ever it is due. No refunds will be issued if under $5.00.

Here are a few examples of insurance company coverages, however, yours may be different.

[ ] **Medicare:** Medicare allows only certain procedures and yearly amounts for physical therapy. Procedures not covered as well as supplies are the patient's responsibility. We will bill Medicare. We accept assignment however you are still **responsible for your 20%.**
[ ] **Blue Cross Blue Shield of Oregon:** We are a preferred provider for Blue Cross Blue Shield of Oregon. You will be responsible for any deductible and co-payment/ percentages due; please be aware of your policy plan limits.
[ ] **Medicaid: A copy of your current medical card and a current referral from your primary care physician is required at the time of your visit or you will need to reschedule. If authorization is denied as non-eligible, all charges become the responsibility of the patient.**
[ ] **Workers Compensation/Auto Accident:** Therapy expenses are covered by the carrier. Some auto insurance carriers require a co-pay, deductible, or both. The patient will be immediately responsible for the therapy costs if the Workers Compensation/Auto Accident carrier denies payment for any reason, at any time (i.e., litigation, failure of patient to file claim with employer, etc.). If you enter litigation with an attorney, you must notify our office of his/her name, address and phone number this does not relieve patient liability for payment. A 14.99% finance fee annually will be added to all claims in litigation for more than 60 days. If you do not have an attorney, you may be required to sign a lien agreement.

I have read the above policy statement; I agree to the conditions and upon request I will receive a copy.

Signed:_____ Date:_____