



*Power In Motion Rehabilitation Services, is committed to providing superior quality rehabilitative services that: Patients recommend to family and friends and that Physicians prefer for their patients.*

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **FINANCIAL POLICY & MEDICAL ASSIGNMENT OF BENEFITS**

As providers, the 'Affordable Care Act' has affected the medical community and consumers, dramatically. We understand the challenges that face patients today in acquiring needed services. To that endeavor, we are committed to assisting you in every way possible.

Your healthcare insurance policy is a contract between you and your insurance company or employer. Power In Motion will assist you, to obtain payment from your healthcare insurance policy for medical services and goods that you receive at Power In Motion; however, you remain primarily responsible to pay for all physical therapy services and goods that you receive at Power In Motion.

### **I UNDERSTAND & AGREE TO THE FOLLOWING**

#### **BENEFITS:**

Healthcare insurance does NOT cover all medical goods and services. I understand that there are many types of healthcare insurance, and that each provides coverage for different medical goods and services. If the healthcare insurance denies payment of my claim because it is not a covered service or good, I am responsible for all charges. Power In Motion and its therapists, are participating providers in Blue Cross/Blue Shield and Medicare, only. Some healthcare insurance policies require individuals to receive care from healthcare providers who participate in the policy as a condition of payment. Other healthcare insurance policies will make some payment to healthcare providers who do not participate in the policy, but the patient may be responsible for a significant portion of the healthcare provider's charges (coinsurance).

#### **PATIENT / INSURANCE RESPONSIBILITY:**

Power In Motion is a participating provider with Blue Cross & Blue Shield and Medicare only. I am responsible for any charges or coinsurance amounts not covered by my healthcare insurance policy. I am responsible to provide accurate insurance information. I am responsible to provide Power In Motion with all current insurance information and contact information, including any secondary insurance. If the claims are denied due to failure to file claims timely because I have not provided current insurance information, I am responsible for all charges. In the event of that I have more than one coverage and there are issues associated with coordination of benefits, it is my responsibility to contact the insurance carrier to have any issues resolved. I am responsible to obtain prior authorization.

**AUTHROIZATION & COVERAGE:**

Many healthcare insurance policies require that I obtain prior authorization for certain types of medical services or goods as a condition to coverage under the healthcare insurance policy. Power In Motion offers assistance in obtaining the required insurance authorization, but I remain responsible to obtain any necessary authorizations before receiving medical goods or services requiring prior authorization. If I do not obtain a required insurance authorizations and payment is denied, I am responsible for all charges.

**CO-PAYMENTS & DEDUCTIBLES:**

Depending upon the insurance coverage, I may be responsible for a co-payment, coinsurance or deductible. Some insurance carriers charge co-pay for each type of provider seen during one day. Therefore, if I am seen by more than one provider on the same day, I may be responsible for more than one co-payment. Power In Motion requires that co-payments be made at the time of service. I also remain responsible for any balances due to co-payment, coinsurance or unmet deductibles. Initials: \_\_\_\_\_

**NO SHOW & LATE CANCELLATION FEES:**

A 24-hour notice for cancellation is required. This gives patients who are on our waiting list, the opportunity to acquire needed services that they need. I understand that I will be responsible for a \$75.00 'No Show Fee' if I am a 'No Show' for more than one appointment or less than 24 hour notice is given. There will not be a fee for the first missed appointment, but there will be a fee for the second missed appointment. I understand that the third 'No Show' within one year will trigger a review of my chart to determine if care will continue. I understand that this fee will not be filed with my insurance company as they are not responsible for missed appointments. I am responsible to make prompt payment. Payment in full is due within seventy five (75) days from the date of service. Initials: \_\_\_\_\_

**RELEASE OF MEDICAL RECORDS:**

Motion may send records to my insurance company and collect payment. I authorize Power In Motion to release medical and other information to my healthcare insurance provider and authorize assignment of payments from the healthcare insurance to Power In Motion for medical goods and services provided to me by Power In Motion.

Initials: \_\_\_\_\_

**PAYMENT ARRANGEMENTS:**

For our mutual benefit, we cannot allow outstanding balances to exceed \$500.00. If your balance is at, near or exceeding \$500.00, you will be asked to make a reasonable payment of no less than 25% of the balance prior to scheduling or receiving your next appointment. Talk to us about 'Care Credit', which has been created to assist consumers with managing today's medical expenses, in a comfortable and responsible manner. Past due accounts are subject to collection proceedings. All fees including, but not limited to collections fees, attorney fees, and court fees, shall become your responsibility, in addition to the balance due this office. There is a \$30 service fee for all returned checks.

Initials: \_\_\_\_\_

For alternative payment arrangements, or for any other questions regarding insurance coverage, contact the Business Office at (847) 680-5045.