

ASHWOOD PHYSICAL THERAPY, INC.

3737 Telegraph Road, Suite A., Ventura, CA 93003

Phone: (805)642-4678 & Fax: (805)642-2038

OFFICE FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your healthcare provider. The purpose of this policy is to empower you by giving you a clear understanding of your financial responsibility with regard to any and all shared costs, co-pay amounts, deductibles and any balance that is not paid by your insurance or employer plan. The part of the bill that you owe is always required at the time of service. Your insurance agreement lies between you and your carrier. Our services are an agreement between you and our office. Therefore, you assume ultimate responsibility for payment. Our easy pay program allows us to capture your credit card on file. We will courtesy call you once your insurance has paid their share to Ashwood Physical Therapy, Inc. You can authorize the charge or pay by check at that time.

-We accept all major credit and debit cards.

-If you are uninsured, all fees are required at the time of service.

Regarding Indemnity Insurance:

We may accept assignment of benefit and courtesy bill your insurance after verification of benefits. Insurers are required by state to pay or deny claims within 30 Days.

Regarding PPO plans:

Co-pays are required at the time of service. No exceptions.

Self-insured employer plans/Union Plans:

We may require an easy-pay guarantee for billing your employer plan or Union plan. Please understand that you can get these claims paid easily by being our partner.

Workers Compensation:

Patients must have employment information at the time of service. All injuries must have been reported to the employer and authorized by the insurance carrier for Physical Therapy treatments. If the employer does not carry Workers Comp Insurance the injured worker is responsible for all charges.

If you cannot keep a scheduled appointment, please give us at least twenty-four (24) hours notice. This courtesy makes it possible to give your appointment time to another patient that same day.

***A fee of \$75.00 will be charged to you for any cancelled appointments less than 24 hours notice.**

Please let us know if you have any questions or concerns.

Thank you,

Ashwood Physical Therapy

I have read the Financial Policy, and I understand and agree with the Financial Policy.

X _____ Date: _____
Signature of patient or Responsible party