



Financial Policy & Consent Form

Insurance

We will gladly bill your insurance company directly. The contract for health insurance is between you and your insurance company. We are not a party to that contract. The professional physical therapy services that you receive, along with the bill, is an agreement between you and Hilton Head Physical Therapy. *It is your responsibility to see that your physical therapy bill is paid in full.* Agreements with insurance companies vary greatly and it is your responsibility to know what their portion is and what your portion is. The remaining money that is unpaid by your provider, if any, will be your responsibility to pay in a timely manner.

Release of Information/Benefit Assignment

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third-party payors to Hilton Head Physical Therapy. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment. I have read and understand this Financial Policy. I agree and acknowledge Hilton Head Physical Therapy's HIPAA Notice of Privacy Practices, Consent for Care & Treatment, and Release of Information/Benefit Assignment

Regarding Insurance Plans

All copays and deductibles are due when services are rendered. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Please be aware that some services provided may be noncovered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances

Informed Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for Hilton Head Physical Therapy to furnish medical care and treatment considered necessary and proper in diagnosing or treating his/her physical and mental condition.

HIPAA

HIPAA Notice of Privacy Practices are available on request or on our website at www.hiltonheadphysicaltherapy.com

Signature

Date

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:

Relationship to Patient

Date

