

## Financial Agreement and Authorization to Release Medical Records

You agree, that in return for physical therapy services or consultation, you will make financial arrangements satisfactory to Simons Physical Therapy, P.C. for payment.

As a convenience to you, Simons Physical Therapy, P.C. will directly bill insurance company(ies). If you do not have insurance, or do not wish us to bill your insurance company(ies), payment in full is expected at the time of service. Please remember that the insurance contract is between you and your insurance company. You are responsible for the charges you incur, and to know your coverage limits and benefits.

We will submit insurance claims promptly and expect payment within 60 calendar days. Copays and deductibles are due at time of service. We make a good faith effort to obtain an accurate accounting of coverage limits and benefits, including co-pays and deductibles. However, given a particular insurance company(ies) policies, procedures, potentially inaccurate disclosure of information and potential patient charges not known to Simons Physical Therapy, P.C. at time of service, the information we obtain may not be an accurate accounting of coverage limits and benefits, co-pays and deductibles. We also have many treatment options, some which your insurance may hold you responsible for. Therefore, additional payment may be required from you, or credit may be owed you, to close your account.

You understand and agree, whether signing as an agent or as a patient and whether insured or a member of a health maintenance organization, that in consideration of the services rendered, that you individually obligate yourself to pay your account at Simons Physical Therapy, P.C. in accordance with rates, terms, and interest on the unpaid balance set out by Simons Physical Therapy, P.C. After 60 days, all unpaid balances will be assessed a 1.5% monthly interest rate. You also understand that you will also be assessed a collection fee of up to 35% of the balance due if your account is placed with a collection agency. This collection fee is in addition to the interest due. Should legal action become necessary to collect the balance due, you understand that you will be responsible for additional fees- reasonable attorney's fees and court costs – in addition to interest and collection fees.

Simons Physical Therapy, P.C. may collect the difference between the allowance set by an insurance company and the billed charges when there is another source of compensation for services (i.e. Third Party Liability).

You authorize the release of any/all medical information necessary for consultation or treatment to other offices and practitioners, as well as for insurance company(ies) to process claims for treatment or consultation with Simons Physical Therapy, P.C. or required by third parties to reimburse Simons Physical Therapy, P.C. for services and/or consultation.

You authorize the direct assignment of insurance benefits to Simons Physical Therapy, P.C. for treatment and/or consultation. This includes basic benefits, major medical benefits and all medical payment coverage from all insurance policies otherwise payable to you. You understand that you are financially responsible for any charges not covered by this assignment.

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Patient (print)

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Agent or Legally Authorized Representative (print)

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Patient's Signature

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Signature of Agent or Legally Authorized Representative

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Date