



Patient's Financial Responsibility Agreement (As of June 13, 2011)

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

ID#: \_\_\_\_\_

I understand and agree to the following:

- One To One Physical Therapy & Aquatics offers assistance in obtaining the required insurance authorization; the patient has the final responsibility for obtaining and verifying their benefits prior to receiving services.
- Failure to obtain the required insurance authorizations may result in the denial of the insurance claim at which time will transfer all financial responsibility to the patient and payment will be due in full.
- Depending upon the insurance coverage, a co-payment may be due for the services rendered. This is a requirement defined by the insurance carrier and the patient is financially responsible for the co-payment.
- If the patient is not able to pay the copayment on the date of service, One To One Physical Therapy & Aquatics will give each patient one opportunity to pay the copayment by \_\_\_\_\_. Co-payments will be due and collected for all future visits at the time of service.
- The insurance carrier will be billed for services provided by One To One Physical Therapy & Aquatics. If the insurance carrier denies payment of the patient's claims, the patient is responsible for any charges not covered.
- The patient is responsible for any balances remaining due to deductible, coinsurance or co-payment.
- Payment in full is due within seventy-five (75) days from the date of service. For alternative payment arrangements, please contact the Business Office at (561) 496-5144.
- The patient is responsible for providing One To One Physical Therapy & Aquatics, all current insurance information and contact information, including any secondary insurance. If the claims are denied due to eligibility or coordination of benefits, it is the patient's responsibility to contact their insurance carrier and One To One Physical Therapy and Aquatics' Business Office to have any issues resolved.
- Some insurance carriers charge co-pay for each type of provider seen during one day. If the patient is seeing more than one provider from One To One Physical Therapy and Aquatics in the same day, the patient may have more than one co-payment depending upon the services provided.

\_\_\_\_ One To One Physical Therapy and Aquatics does not participate with patient's insurance carrier and all charges are patient's responsibility.

\_\_\_\_ The services provided today are not covered by patient's insurance carrier and all charges are the patient's responsibility.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date