

S. Skylor Physical Therapy Services

Welcome! This center was designed to facilitate body, mind and spiritual healing. The effectiveness of our treatment is best supported when most of our time is dedicated to patient care.. Given this emphasis, we have decided that simple cash for service policy is the best system in this office.

FINANCIAL POLICY

All sessions are to be paid in full at the time of service unless prior arrangement has been made with the therapist for us to bill your insurance carrier directly. Upon your request, we will provide you with a physical therapy fee statement to be sent in by you for procurement of payment. Clients with MSA accounts may find these statements helpful.

To verify your coverage ask whether your deductible has been met, or the remaining balance and physical medicine visit limit per year. Please let your therapist know of any limits as soon as possible. **Please understand you are fully responsible for any and all unpaid amounts and that co-pays and remaining deductibles are due at the time of your treatment session.**

I authorized S Skylor PT Services to bill my insurance company directly for the Physical Therapy visits and authorize payment of medical benefits directly to Sharon Skylor. In the event a payment comes to me for services billed, these are due immediately upon receipt to Sharon Skylor. I authorize S. Skylor PT Services to release medical information necessary to process any claims. Initial _____

Due to the nature of scheduling, failure to show for a scheduled appointment without at least a **24 hour advanced notice** will result in a \$115 fee charged to the client.

I HAVE READ AND AGREE TO THE ABOVE POLICIES

Client Signature

Date