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Financial Policy

We are committed to providing you with high quality health care services. Your clear understanding of our Financial Policy is important in our professional relationship. If you have any questions regarding our financial policies, please ask a patient service representative for clarification.

We are required by insurance regulations to collect co-payments, coinsurance and deductibles. All payments are due at the time of service. As a service to our patients, we will file for insurance reimbursement. It is the patients' ultimate responsibility to provide us with accurate insurance information including changes in benefits and secondary insurance coverage. The patient is ultimately responsible for payment for services rendered at Advanced Physical Therapy Associates, LLC. Any balances over 90 days will be subject to a late fee.

If a patient fails to appear for a scheduled appointment and has not given 24 hours notice, they will be subject to a \$35 cancellation without notice fee. If the cancelled appointment is rescheduled within 48 hours, the fee will be waived. If a patient misses three appointments without giving advanced notice all remaining appointments will be cancelled and we will send a discharge summary to their referral source.

We accept cash, check and most major credit cards as forms of payment for services. All returned checks will be subject to a \$25 returned check fee. We will make every effort to work with patients who require special financial considerations such as establishing payment plans.

Signature: _____ Date: _____