



FINANCIAL POLICY

We are pleased to have you as our patient, and we are committed to providing you with our best professional care. Your clear understanding of our Financial Policy is important to our relationship.

Children/Dependents

For billing purposes, we require the name, address, phone number, date of birth, and social security number of the guarantor who will be responsible of all fees incurred.

Self-Pay/Private Pay Patient

If you do not have insurance or physical therapy benefits are not covered by your plan, we require payment in full at the time of service. We accept CASH, CHECK, and VISA/MASTERCARD/American Express/Discover.

PPO Plans/HMO Plans/Commercial Plans

We will file your claims to your insurance. **Co-pays are due at the time of service.** Should the insurance need additional information from you for the processing of our claim, we require that you assist in the prompt payment of the claim by expediently providing the necessary information to your insurance company; otherwise the balance will be transferred to your responsibility.

Medicare

We are participating in Medicare providers, and do accept assignment from Medicare. Please **advise** our office if you have secondary/tertiary insurance, so that we may file the claim to your secondary/tertiary carrier for the remaining 20% coinsurance or deductible not payable by Medicare. You will receive a statement showing any balance to you once all insurance(s) have processed and paid/denied our claims.

Workers Compensation

If your workers compensation claim is denied, you will be responsible for payment. If your claim is in litigation, you are responsible for payment. According to the State of Texas Department of Labor and the Texas Department of Insurance, we have the authority to bill the patient directly for any denied claims due to the entitlement. Upon denial: please provide use with your health insurance information, or you may pay in full.

Collections

We accept CASH/CHECK and/or VISA/MASTERCARD/American Express/Discover. If you need to make a payment arrangement due to financial hardship, our Business Office requires patients to call to make mutually satisfactory payment arrangements.

Should we have to place your unpaid account balance for collection with a collection agency or attorney, you will be responsible for any collection and/or attorney fees associated with the collection of your account.



APPOINTMENT POLICY

Quality care for our patients is our priority. The following policy has been established to help us serve you better. No-shows and late cancellations cause problems that go beyond any financial impact to our practice. Each time a patient misses an appointment without proper notification, another patient is prevented from receiving care. Please review our appointment policy and sign at the bottom of the form. If you have any questions, please let us know.

Definition of a “No-Show/Late Cancellation”

Catalyst Physical Therapy defines a “No-Show/Late Cancellation” this as any scheduled appointment in which the patient either:

- Does not arrive to the appointment
- Cancels with less than 24 hours’ notice
- Arrives more than 15 minutes late and is consequently unable to be seen

We understand that circumstances beyond your control may arise, where adequate notice is impossible. These limited situations will be considered on a case-by-case basis.

In the event that a patient has three No-Show/Late Cancellation may have their case closed and dismissed from the provider. Thank you for your understanding and cooperation.