

Thank you for choosing Freedom Therapy! As your therapy provider, we're committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and understanding of our office policy.

Payment forms:

We accept personal checks and cash. We discourage cash payments for homecare visits as we prefer that our therapists do not travel with large amounts of money. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check and you may lose your privilege to write checks in our office.

Cancellation fees (\$30):

Our office requires at-least 24-hour cancellation notice if you are unable to keep a scheduled appointment. If you cancel without providing 24-hour notice, there may be a \$30.00 cancellation fee applied before you can be rescheduled.

Ineffective home visit fees (\$45):

An ineffective home visit charge of \$45.00 may be applied before you can be rescheduled anytime 24-hour notice is not provided causing a therapist to make a scheduled visit to your home without being able to provide the treatment or service as planned. Two examples of an ineffective visit include a client not being home for a scheduled visit or a client declining service once a therapist arrives.

Medicare:

Your deductible and co-insurance (20% of the allowable charges) will be due once services are provided. Since we are a Medicare provider we will file your Medicare claim for you. We will then bill you after Medicare informs us what costs you are responsible for. If you have a secondary insurance, they may cover all, part, or none of the Medicare co-insurance amount. Please contact your secondary insurance to learn of your benefits. Please bring your Medicare Explanation of Benefits (EOB) showing that you have met your annual deductible.

Other insurances:

We will be happy to file your insurance for you. You will be responsible for any outstanding balance not paid by your insurance carrier. Our fees have been fairly established based on prevailing rates in and around Monroe County, regardless of the arbitrary usual and customary fees your insurance company may pay.

Financial agreement:

We will gladly discuss your proposed treatment plan and do our best to answer any questions related to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not part of that contract.
2. Not all services are a covered benefit in all contracts. Some insurance policies arbitrarily select certain services that they will not cover (e.g., routine evaluations, maintenance therapy, or certain modalities/treatments).

We must emphasize that as your medical care provider, our relationship and primary concern is with you and your health, not your insurance company. All charges are your responsibility from the date services are rendered. Collection action will be taken on any balance on your account after 90 days, including those that insurance has not paid. We realize that emergencies do arise which may affect timely payment of your account. If such emergencies occur, please contact us promptly for assistance in the management of your account. If it becomes necessary to collect any sum due through an attorney lieu the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

If you have any questions about the above information or any uncertainty regarding insurance coverage please do not hesitate to ask us. We are here to help you.

My signature below certifies that I have read, understand, and agree with the above policy.

Client signature: _____

Date: - -