

FREEDOM THERAPY

FUNCTIONAL REHABILITATION SERVICES

Restoring life!

Insurance Benefits and Client Liability Notice

Dear Client:

Thank you for choosing *Freedom Therapy* as your therapy provider. We are committed to providing you with the best possible care to help you achieve your goals and independence.

We've created this letter in hopes that it will assist you with understanding our financial policy and potential costs you may be responsible for related to the services we provide.

Freedom Therapy is a participating provider of many insurances. This means we may be able to bill your insurance directly for the services we provide. This does not, however, automatically assume your insurance will pay for all the services provided. Some insurance programs require the beneficiary to pay a "co-payment" or "co-insurance". You will be responsible for paying this co-payment or co-insurance.

Once we file your claim, your insurance will notify us and you of the charges you are responsible for. Once we receive this notification, we will then send you a bill.

Some clients have secondary insurance. Some secondary insurances will pay all, part, or none of the primary insurance co-payment or co-insurance. Please contact your insurance company to learn more about your benefits.

Below is an example of the amount you may or may not be responsible for.

Please note this is only an estimate. We will not know what charges you will be responsible for until after we file your claim and receive notification from your insurance.

<u>Estimated</u> client responsible charges per visit	<u>\$10-60</u> / visit
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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.
(585) 720-9608

Client Signature:_____

Date: