



ProCare Therapy Services

Office Policies and Procedures

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

We have developed this information to make you aware of our billing policies at the time of your initial office visit. Please review these policies carefully.

Primary Health Insurance: Skilled therapy services are reimbursed under the provisions of most health insurance policies. You, as the subscriber, are primarily responsible for knowing the terms of your policy. Our office personnel are familiar with various coverages offered by health insurance companies, and will assist you. If you (the subscriber) should receive a check from your insurance company that is intended for this practice (the provider) for services rendered, you should immediately remit this to our office for credit to your account. Failure to do so will result in our office billing you for the complete balance and you will be responsible for payment of this amount in full.

Liability/Legal: We do accept legal cases. Your health insurance plan and/or auto insurance with a medpay plan will be initially utilized. We will accept the insurance plan's allowable, along with the copays and/or deductibles, as payment in full for any covered services rendered to our patients. However, once the health insurance plan indicates that it will no longer pay for skilled therapy benefits the service will no longer be considered a covered service.

Worker's compensation patients will be accepted according to the Worker's Compensation Law enacted in 1992. Should your claim be denied by the R. I. Worker's Compensation Court, you will be responsible for providing us with your third party insurance so that therapy services rendered to you can be submitted for payment. If you do not have a third party insurance, please speak with the Billing Supervisor to make arrangements for payment of your account. Failure to attend skilled therapy may jeopardize your worker's compensation benefits.

Medicare: We will bill Medicare for you. In most cases, Medicare will pay 80% of allowable charges. We will also bill your secondary insurance for you, if you have one, or the balance will be billed to you and is payable at the time of the service rendered.

Medicaid does not pay for skilled therapy in an outpatient private practice.

No Show and Cancellation Policy: Your scheduled appointment is reserved just for you. If you are unable to keep your appointment, kindly cancel or reschedule at least twenty-four (24) hours in advance. This allows us to place another patient in your cancelled appointment to receive needed treatment. **Patients who do not attend their scheduled appointment or do not provide 24-hour notice are subject to a \$35 office visit charge.** This charge cannot be billed to your insurance plan and is due before your next scheduled appointment.

If you are going to be late for your appointment, please call to inform us of your expected arrival time. Your appointment may need to be rescheduled at the discretion of the therapist, to ensure that your late arrival will not interfere with the treatment of patients scheduled after you.

Co-Payments are due at the time of service. Please contact the customer service department of your insurance company for the information regarding your outpatient therapy benefits, co-pay amounts and deductible amounts.

I, _____, fully understand the contents of ProCare Therapy Services office policies and procedures and agree to abide by them. I also understand and agree to pay for the charges that may be made towards my account for therapy services rendered by this office, consistent with the terms of my health insurance policy.

Signature _____ Date _____