



**PEAK**  
PHYSICAL  
THERAPY

**Financial Policy**

**Appointments/Cancellations:** Patients are seen by appointment only. Our goal is to give individualized attention and your appointment is very important to us. Should you need to alter your appointment we understand unexpected situations occur; however we require at least 24 hours notice so we may offer that time to another patient and can plan accordingly. **We charge a \$60 fee for missed or cancelled appointments not cancelled within 24 hours prior to appointment.** This is to incentivize early planning and allow our clinic to operate smoothly. Be aware this fee cannot be billed to your insurance company so please give early notice for any and all cancellations to allow us to plan our patient care schedule accordingly. If you miss 3 appointments without proper notice, all future appointments may be cancelled. Please arrive on time for your appointment to allow optimal treatment time and prevent disruption of the daily schedule.

**Payment options:** We will bill your health insurance directly. We are a preferred provider with several major insurance providers. We accept cash, or checks written to Peak Physical Therapy. Private pay is accepted and billed at hourly rate for 1 hour sessions.

**Financial Policy:** You are financially responsible for all charges including but not limited to co-payments, deductibles and non-covered services. Co-pays and or unmet deductible are due at time of service. It is your responsibility to know your insurance benefits prior to treatment. This will insure that you know and can prevent unexpected costs. If the insurance company requests information from you, it is your responsibility to send it to them. If your information is not received, your claims may be denied and you will be responsible for the amount of your bill. If your insurance has not made full payment within 120 days we will bill you the amount owed. Checks returned secondary to insufficient funds will be charged a \$35.00 fee. Outstanding balances unpaid after 60 days will accrue a 1% (12% annual) finance charge for each billing cycle. Balances unpaid after 60 days must have a payment plan/arrangement. Outstanding balances unpaid after 90 days will be turned over to collections. Should it be necessary to forward an unpaid balance to a collections agency, you agree to pay interest and collection fees. By signing below you agree to not withhold or delay payment if your insurance company denies payment on any of your charges. Also, by signing below you authorize your insurance benefits to be paid directly to Peak Physical Therapy.

**I HAVE READ AND UNDERSTAND THIS INFORMATION AND AGREE TO ABIDE TO THE POLICIES STATED ABOVE.**

**PRINT NAME HERE** \_\_\_\_\_

X \_\_\_\_\_

SIGNATURE

DATE