

Office Policies

All patients must recognize that they are responsible for the charges they incur for physical therapy, or for other services offered at MFR Physical Therapy, LLC

Missed appointments are a loss for everyone. Cancellations without adequate notice take time from other patients, thus they are subject to a \$25.00 late cancel/no show fee.

Therefore, we require that you notify us a minimum of 24 hours in advance if you are unable to attend a scheduled appointment. If you are 15 minutes late or greater, the therapist will have the option of seeing you or rescheduling. Checks that are returned for any reason are subject to a \$35.00 service fee.

Insurances

At this time we are accepting most Medical Insurances including Medicare and the Supplement Plans, VA, MedRisk, BCBS, United Health Care, Optum, and Humana (Out of Network). However each individual is responsible for their individual plan and its deductibles and co-pays.

Medicare Patients: We bill our standard fees to Medicare, they pay 80% of their allowable fees, and the difference is billed to your secondary/Supplemental Insurance. If you do not have a secondary insurance or your secondary insurance denies payment, you will receive a statement following the receipt of Medicare's allotted payment. Unless other arrangements are made, you will be responsible for the remaining 20% of the Medicare allowable rate.

Payment is due at the time of service. We will provide the necessary documents to you, the patient, so that you may file a claim with your insurance company, and then be reimbursed directly by your insurance company if making a payment by cash or check. Cash, Check, Paypal or Venmo are accepted.

I understand that I remain personally responsible for the amounts due to this office for their services.

I authorize this office to release any information pertinent of my case to any insurance company, billing service, adjuster, or attorney to facilitate collection under this assignment and authorization.

Other Arrangements: _____

Print Name: _____

Signature: _____

Date: _____

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