PATIENT FINANCIAL POLICY

As the patient, it is in your best interest to know and understand your insurance plan benefit. It is important that you know your responsibility for any deductibles, co-insurance or co-pay amounts prior to any visit. Regardless of your individual insurance coverage or type, as the person seeking medical treatment you are ultimately responsible for all charges. You are required to prove all information necessary, so we can process your claims in a timely and efficient manner. If your insurance coverage changes during the course of your treatment, you must notify us immediately of that change and provide all information necessary.

Please know that we are here to help you if you have any questions!

MEDICARE—Each year, Medicare announces an annual Part B deductible that must be met before they will make payments. For 2021, this is $203. Most secondary payers do not cover this amount. For 2021, Medicare allows $2110 for physical and speech therapy combined per calendar year. Occupational therapy has a separate allowance of $2110. Please let us know if you have had any therapy at another facility or in your home this calendar year.

IN-NETWORK INSURANCE—Accurate and complete information is required at your first visit. If you have a copay, you are required to make the payment at *the time of the service.* **WE DO NOT BILL FOR COPAYS**. If your policy requires a deductible or coinsurance, we will estimate your patient portions. If you have a balance due, you will be billed accordingly. In the event of an overpayment, you will be refunded once all claims have been paid. We know copays, coinsurance and deductibles have continued to rise. Please understand we cannot reduce or waive these financial cost shares. If you have a financial hardship or difficulty with your payments, please speak with the clinic manager for your options.

IF YOUR INSURANCE CHANGES DURING THE COURSE OF TREATMENT—If your insurance changes during the course of treatment, you must provide this information prior to being seen at your next appointment. Many insurance companies require authorization that will not be backdated for any reason. If there is a time lapse between the effective date of your new policy and informing the clinic of your new insurance, you will be responsible for any claims that are denied for any reason including lack of referral and /or authorization.

OUT OF NETWORK INSURANCE—If we do not participate with your insurance company, you will be responsible for payment in full at the time of service. We will fill out and mail your claims for you, but we will not follow up on or re-bill unpaid claims.

NO INSURANCE—If you are not insured, payment will be expected in full at the time of service. Please speak with the front desk for fees and to have any questions answered.

WORKERS COMPENSATION CLAIMS—It is the responsibility of the patient to give all information required for processing/obtaining authorizations and claim payment. This information shall include (but may not be limited to) your employer, date of injury, SSN, name of adjuster or case worker, case/claim number, contact phone number and insurance company address. Prior authorization must be obtained by the patient prior to being evaluated. In the event the claim is denied, you will be responsible for payment of any rendered service in full.

MEDICAID—Per Connecticut regulations, our providers do not participate with the state Medicaid/Husky program for patients 21 and over. With the exception of Medicare Dual plan members, if you would like to be treated in our clinics, you will be responsible for all charges.

MVA—NO MED-PAY COVERAGE—If you have been involved in a motor vehicle accident and do not have medical coverage on your automobile policy, we will require a letter from your automobile policy that states you do not have medical coverage. This is required to prevent delay in payment from your health insurance carrier.

MVA—MED-PAY COVERAGE—If you are being treated as the result of a motor vehicle accident, we are required to go through any medical coverage you may have on YOUR automobile policy (regardless of who was at fault) before going through health insurance. You will be required to provide this office with the date of injury, your SSN, name of adjuster or case worker, case/claim number, contact phone number and insurance company address, and amount of medical coverage on your policy. You will need to track how much of your benefit has been used, as the turnaround time for exhaustion letters generally leaves a balance that must be paid by either you or your health insurance carrier.

MINOR PATIENTS—If the patient is under the age of 18, a parent/guardian will be required to acknowledge and sign a "Consent To Treat A Minor" form.

CANCELLATION POLICY/ MISSED APPOINTMENT FEE—This office requires 24 hours notice if you cannot keep your scheduled appointment. If you miss your appointment or fail to give sufficient notice, you will be charged $50.00 for that missed appointment. This payment is expected before any further treatment will be rendered and will be applied to the missed appointment only. If you miss three appointments through the course of treatment, we reserve the right to cancel future appointments. If this payment is not received, we may refer this amount for collection.

DIVORCE—In cases of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. The parent authorizing treatment for a child will be responsible for charges incurred. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

PAST DUE ACCOUNTS—If your account becomes past due, we will take necessary steps to collect this debt. Your account will be referred to our collection agency. You will be charged 28% for this service in addition to your current account balance. If payment is not received, your credit report will be blemished. If we have to refer the collection of the balance to a lawyer, you agree to pay all of the lawyer's fees which we incur plus all court costs.

TRANSFERRING OF RECORDS—Patients may request a copy of their medical records at no cost. If this information is requested by a third party, such as an attorney, there will be an associated fee. A signed authorization from you to release these records will be required.

RETURNED CHECK FEE—There is a $20.00 fee for any returned check from the bank.

By signing below, I attest that I have read and understand the financial policy and I agree to adhere to its terms. I acknowledge that I will make payment at each visit, if my benefits state I have a financial responsibility (ie , copay, coinsurance and or deductible), as documented in the "Estimated Financial Responsibility" form I will receive at my initial evaluation. I understand that I am responsible for any non-covered charges. Should my insurance change during the course of my treatment, I will provide the office with all necessary information to process my claim. Should I fail to provide this information and claims are denied as a result, I will be responsible for the denied visits. Altering this form in any way will not change the policy as outlined above by Carlson Therapy Network, PC.

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Patient Name (Please Print) **Date**

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Signature of Responsible Party **Relationship (if not patient)**