

OFFICE POLICIES

1. Two missed appointments or cancellations not made 24 business hours in advance will result in a \$70.00 fee charged to the patient. Exceptions may be made in certain circumstances such as illness. The third missed/cancelled session will result in this fee. Insurance companies do not pay for this fee.
2. If you have waited more than 15 minutes for your appointment, please notify someone at the front desk.
3. Verification of insurance coverage will be provided as a courtesy. There is no guarantee of its validity or accuracy. Verification of coverage is not a guarantee of payment. It is **STRONGLY** recommended that you call your insurance company to verify coverage. Information received from your insurance company is available upon request. Billing your insurance company will also be done as a courtesy. Any copayments, deductibles or unpaid balances are your responsibility.
4. Patient balances which are 90 days past due with no attempt to reconcile will be sent to collections.
5. Your medical records are available upon receipt of a signed and approved medical records release form. A reasonable copy fee may be imposed and must be paid in full before release of the medical records will be approved.

TREATMENT AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I authorize All Sports Physical Therapy to perform the necessary evaluation and render the appropriate treatment according to reasonable and customary standards and practice.

I authorize the release of information necessary to process my claim and for payments to be sent directly to All Sports Physical Therapy. I agree to pay the copayment, deductible, and any portion my insurance will not pay.

SIGNATURE _____ DATE _____

Patient must be 18 years old to sign. A parent or guardian should sign for a minor.