



Physical Therapy

Financial Agreement and Lifetime Signature Authorization

Welcome to Sifrit Sports Rehabilitation and thank you for choosing us as your Physical Therapy provider. We are fully committed to providing you with the best possible care. In order to establish optimal relations with our patients and avoid, misunderstanding and confusion regarding our payment policies, our billing staff is fully trained to consistently inform you of the financial payment policies of this office. The following is a statement of our financial policy, which we require you to read carefully and sign prior to any treatment.

Upon obtaining a copy of your insurance card(s), Sifrit Sports Rehabilitation will verify your eligibility and benefits including deductibles, copayments, coinsurance responsibility, etc under your health insurance company and Sifrit Sports Rehabilitation will submit claims for all to your health insurance company. Please note that payment is ultimately due from you in the event that your insurance company denies payment for any service(s); i.e. termination of coverage, incorrect benefits provided, coordination of benefits, non-payment of premium, medical necessity, participation status of the provider, etc...

Deductible, coinsurances and any non-covered services are the responsibility of the patient. To the extent possible and feasible, all patient financial responsibilities are payable at the time of service and/ or prior to therapy procedures. Not all health insurance companies publish their (allowable) fee schedule; therefore coinsurance percentages cannot always be accurately calculated for pre-payment. Sifrit Sports Rehabilitation statement will be sent to you after your health insurance has processed your claim(s); the balance due will compare to the Explanation of Benefits you will receive from your health insurance company. Should you dispute any amount on your Explanation of Benefits/statement please contact your health insurance company member services for clarification of your benefits.

For your convenience, Sifrit Sports Rehabilitation accepts cash, check, money order and credit cards. I understand all of the terms defined above; I consent to receive treatment under the stated terms and I agree to honor all of my financial obligations to Sifrit Sports Rehabilitation. My signature below constitutes my Financial Agreement and Lifetime Signature Authorization.

Print name

Date

Patient/POA Signature

Date

Sifrit Sports Employee Name/ Date

Sifrit Sports Employee Signature/Date

Failure to honor your financial obligations to Sifrit Sports Rehabilitation in accordance with this signed Agreement will result in your account being referred to Collections and termination of the treatment relationship in accordance with regulations that govern ethical medical care. All fees and/or costs related to collections of your account will be applied (i.e. agency fees, court costs, attorney fees, etc.)