

PAYMENT INFORMATION AND CONTRACT

Rehabilitation Services

Welcome to LAKESIDE PHYSICAL THERAPY! We would like to take this opportunity to review our billing and payment procedures with you. We will happily discuss your proposed care and answer any questions you may have relating to your treatment and insurance coverage before we begin therapy. We are committed to providing you with the best possible care, and we are anxious to help you receive the maximum amount of benefit from any insurance coverage you have. However, your insurance is a contract between you and your insurance company. Since we are not a party to that contract, our relationship is with you. So, please take your time in reading through our billing policies below. If you have any questions about your financial obligations for your care, please let us know so that we may help you.

Private Insurance

1. You agree to be responsible for all of our charges, even if you have insurance. If you have any questions as to our fees for your care, please let us know before continuing your treatments.
2. You understand that LAKESIDE PHYSICAL THERAPY will not accept the responsibility for collecting your insurance claim, or negotiating a settlement for you, if a dispute arises between you and your insurance company. If such a dispute should arise, you agree to pay your outstanding balance to LAKESIDE PHYSICAL THERAPY and then pursue the reimbursement from your insurance company thereafter.
3. LAKESIDE PHYSICAL THERAPY will bill your insurance company for you for all of your care one time only as a courtesy, and you agree to assign any insurance benefits otherwise payable to you to come directly to LAKESIDE PHYSICAL THERAPY. LAKESIDE PHYSICAL THERAPY may require that repeated billings or reports required by your insurance carrier either be your responsibility, or may be done by LAKESIDE PHYSICAL THERAPY for a small fee.

LAKESIDE PHYSICAL THERAPY will mail you an itemized statement to you monthly, even if we are billing your insurance for you. After your deductible is met, you understand that LAKESIDE PHYSICAL THERAPY will only wait up to 90 days after the date of service for your insurance company to pay directly any insurance benefits you may be due. After 90 days, you agree to pay your outstanding balance to LAKESIDE PHYSICAL THERAPY and then pursue the reimbursement from your insurance company thereafter. You agree to pay any portion of your bill not covered by your insurance upon receiving your statement each month.

4. If your account becomes 90 days past due, and you have not made satisfactory arrangements with our business office, you agree to pay an administrative service charge of 1 1/2% per month (APR 18%) on unpaid balances after 90 days.
5. If any legal action is taken by LAKESIDE PHYSICAL THERAPY to collect the balance due on your account, you agree to pay LAKESIDE PHYSICAL THERAPY's reasonable attorney's fees and costs.

Workers Compensation

We will obtain authorization to treat you from your employer's insurance carrier before we begin treatment, or you must sign a Green Lien so that we can send it to your attorney. Monthly reports of your progress will be submitted to your physician, the insurance carrier, and/or your attorney. You are responsible for making and keeping your own appointments. Carriers will be notified of missed appointments. (see All Patients below). If you fail to make or keep scheduled appointments, your treatment will be discontinued.

Third Party Billing, Liens, and Legal Cases

Third party billing and liens are accepted on a case by case basis only. Payment arrangements must be made with us before you can begin your treatment.

Medicare

1. LAKESIDE PHYSICAL THERAPY has been approved as an official Medicare provider. This means that we bill Medicare for you, we agree to Medicare rates, and Medicare will send your benefits directly to us. You agree to be responsible for any deductible, co-payment or other charges or items or services denied by Medicare.
2. If you have a supplemental insurance policy in addition to Medicare, we will also bill that carrier for you but not until *after* Medicare first sends us their portion of your benefits.
3. Medicare requires you to visit your referring doctor and to obtain a new prescription for your treatment every 30 days.
4. There are some items and services that are not Medicare benefits and Medicare will not pay for them. Medicare has also determined that rehabilitation is not covered for some conditions, even if prescribed by your doctor. When you receive an item or service this is not a Medicare benefit, you are responsible to pay us for it, personally or through any other insurance you may have. These items and services are described on a separate form titled "Notice of Exclusions from Medicare Benefits". If you have any question as to whether or not you want to receive these items or services, please ask us.
5. Medicare will generally pay for a certain number of visits per diagnosis before they begin reviewing your claims for medical necessity. These limits are sufficient to treat many routine conditions. If you reach the limits in the general guidelines published by Medicare and you, your therapist and your doctor all agree that it is necessary to continue treatment in order to complete your rehabilitation, at that time you will be required to sign Medicare's Advance Beneficiary Notice so that we can make special financial arrangements with you. While secondary insurance policies often pay the 20% co-payment not covered by Medicare, most supplemental insurance companies do not provide additional coverage beyond what Medicare deems medically necessary.
6. You understand that LAKESIDE PHYSICAL THERAPY will not accept the responsibility for collecting your secondary or supplemental insurance claim, or for negotiating a settlement for you, if a dispute arises between you and your secondary insurance company. Should such a dispute occur, you agree to pay your outstanding balance to LAKESIDE PHYSICAL THERAPY and then pursue reimbursement from your secondary insurance company thereafter.
7. If your account becomes 90 days past due, and you have not made satisfactory arrangements with our business office, you agree to pay an administrative service charge of 1 1/2% per month (APR 18%) on unpaid balances after 90 days.
8. If any legal action is taken by LAKESIDE PHYSICAL THERAPY to collect the balance due on your account, you agree to pay LAKESIDE PHYSICAL THERAPY's reasonable attorney's fee and costs.

All Patients

1. We are happy to allow you reserve your treatment time in advance if you wish. We generally reserve a minimum of one hour for each appointment time that you reserve. If you find that you are unable to keep an appointment, please notify us at least 24 hours in advance. We reserve the right to bill you if you fail to keep a pre-scheduled appointment, or if you cancel with less than 24 hours notice, except in cases of true emergency or illness. Our customary fee of \$25.00 will be billed to your account for a broken pre-scheduled appointment. Since insurance companies and workers compensation do not pay for broken appointments, you agree that these charges will be solely your responsibility.
2. Medical Supplies. Some insurance carriers cover durable medical equipment, but many do not, nor do they pay for routine medical supplies. Therefore, we ask for payment for any medical supplies used as part of your treatment on the day they are issued. We will also ask you to pay for any special order items in advance.

I have read, understand and agree to the above payment procedures. I have received a copy of this contract, and agree that a photostatic or facsimile copy of this document is a valid as the original.