



The Hand & Physical Therapy Center Of Marin
A Physical Therapy Professional Corporation
Specialized Solutions In The Right Hands

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of ...
Our Financial Policy.

Your insurance is a contract between you and the insurance company. We are not a party to that contract unless so stated. Please contact your insurance carrier to verify your benefits for physical therapy as they are often different from a medical office visit. For worker's compensation patients, that contract is between your employer and the insurance company.

You are financially responsible for all services performed at the Hand & Physical Therapy Center of Marin. As a courtesy, we will bill your primary insurance company. You are responsible for all incurred charges not paid by your insurance. Please contact your insurance company if you have any questions concerning their reimbursement for services. If your insurance company fails to pay our charges within a 60-day period, you are expected to pay at least 20% of the balance due each month until the balance is paid in full.

We require that all co-payments, co-insurance and supply charges be paid at each visit.

For your convenience we accept all major credit cards.

Please notify us if you change your address, telephone number, place of employment, and/or insurance company. This helps us keep your account current
(Please initial the following)

_____ **A \$75 no-show/late cancellation fee will be charged for all appointments missed without 24 hours notice. This fee is due at your next appointment.**

_____ **I have read the Financial Policy and I understand that I am responsible for all charges whether or not they are paid by my insurance.**

_____ **I authorize The Hand & Physical Therapy Center of Marin to use and disclose information about my medical diagnosis and treatments for the purpose of treatment, payment and health care operations.**

--	--

Patient/Guardian Signature

Date