



The Hand & Physical Therapy Center Of Marin

A Physical Therapy Professional Corporation

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 Center of Marin. As a courtesy, we will bill your Medicare. You are responsible for all incurred charges not paid by your insurance company.

Please contact your insurance company if you have any questions regarding their reimbursement for services. We will provide a Super Bill for you to submit for reimbursement from them.

We require that all visit 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 and /or insurance company. This helps us keep you account current.

_____ A \$150.00 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.

Signature _____ Date _____