



# Optimum Care Physical Therapy, LLC

Where care matters

Phone. 404. 993. 5155

Fax. 404. 334. 3227

Email: [contact@theoptimumcare.com](mailto:contact@theoptimumcare.com)

Website: [www.theoptimumcare.com](http://www.theoptimumcare.com)

## Optimum Care Financial Agreement

**Please read and initial below.**

**Our Financial Policy is designed to promote due diligence and provide a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors and miscommunication with regard to your insurance or other financial arrangement for payment. We will not become involved in disputes between you and your insurance company regarding, but not limited to; deductible, co-insurance, co-payments, covered services, pre-authorization, and usual and customary charges.**

### REVIEW YOUR BENEFITS

We urge you to review your insurance policy. Your insurance policy is a contract between you and your insurance company. Please call your insurance company with any specific questions about your policy relating to outpatient physical therapy benefits. You need to accurately verify and understand your policy's deductible, co-payment, coinsurance, visit limitation, effective annual calendar renewal date, and any pre-authorization requirements. As a courtesy, we will verify your coverage, but we will not guarantee the accuracy of the information we receive. You are responsible to know your level of coverage and you are ultimately responsible for the full payment. If you have **secondary insurance** you must present it at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

### IN-NETWORK

You are responsible for meeting the in-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for the co-payment/coinsurance as specified in your "schedule of benefits". Optimum Care Physical Therapy has agreed with your insurance company to accept the in network or preferred provider maximum allowable charge as full payment for the services rendered. There will be no balance billing for covered services. You are responsible to pay for any services or supplies that are received but not covered under your policy. Co-pays or deductibles are due at the time of service.

### OUT-OF-NETWORK

Optimum Care Physical Therapy may be of network with your insurance and Optimum Care Physical Therapy will notify you of our network participation. If your policy has out of network benefits available, we will accept your insurance, and work with you on deductibles, coinsurance, and limitations. You are still responsible for meeting patient responsibility or upholding the agreement made between you and Optimum Care Physical Therapy. You will still be responsible for deductible, co-payments and/or coinsurance at each time of service. Your out-of-network benefits for outpatient physical therapy will be clearly explained in your insurance policy's "schedule of benefits". We will submit claims for payment to your insurance company.

### NON-INSURANCE CASH PLANS (Self-Pay)

Cash plans are exclusively a non-insurance financial agreement. Cash arrangements are exclusively separate from the In-Network and Out-Net-work scenarios. Cash plan receipts cannot be submitted to insurance for reimbursement. Optimum Care Physical Therapy offers a cash plan based on an insurance fee schedule and is for patients who have exhausted benefits during treatment, and those who wish to participate in therapist supervised injury prevention programs. Payment must be received for the services at the time of service, in full.

### MOTOR VEHICLE ACCIDENT AND WORKER'S COMPENSATION PATIENTS

Optimum Care Physical Therapy does not accept third party payments. In the event you are seeking treatment for injuries sustained in a car accident, you must either use and exhaust your medical payments coverage (if applicable) or use your primary health insurance. If neither of these applies to you, we require that you obtain an attorney to ensure your claims are paid. Worker's Compensation claims should be filed and approved by your employer/worker's compensation insurance carrier BEFORE you receive services from Optimum Care Physical Therapy.

### MINORS

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy. If the parents are separated and both legally responsible for the child, the parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

### PAYMENT

We accept cash, check, and all major credit cards. There will be a \$25 service charge for all your returned checks. If you have insurance, balances will be considered current from the date you receive service. Patients will receive a statement every 30 days if applicable. Please ask us if you need to set-up a customized payment plan.



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**COLLECTIONS**

We will work with you to avoid sending your account to collections. In the event of default on your account, your account will be turned over to our attorney for collections or further legal action. You are responsible for the unpaid balance and an additional 33% financial charge based on your unpaid balance.

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**APPOINTMENT POLICY**

Optimum Care Physical Therapy understands that many of our patients have very busy schedules. Our schedule is very flexible to accommodate our patient's needs. We do understand that situations do occur that we cannot control or plan for. If you do need to cancel your appointment please give a minimum of 12 hour notice. A cancellation fee of \$25.00 will apply to the 2<sup>nd</sup> cancellation without a 12 hours' notice. You must notify our office of a cancellation of your appointment by phone or email or your missed appointment will be considered a NO SHOW. Each appointment that is marked as a no show will be subject to a \$25.00 charge on the first offense. A patient's refusal to initial does not exempt them from this policy. This policy applies to every patient that is seen at Optimum Care Physical Therapy. This charge is not covered by Workman's Compensation or by insurance companies. It will be the responsibility of the patient to pay this charge.

Thank you for giving us the opportunity to serve you, and please feel free to ask us any questions concerning our services, policies and fees.

The undersigned accepts ultimate financial responsibility for services rendered.

**Responsible Party Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_