

S. Skylor Physical Therapy Services

Welcome! Please read this informational page thoroughly. Understanding our services and policies will assist your healing process and generally facilitate a more enjoyable experience at this center.

This center was designed to facilitate body, mind and spiritual healing. The effectiveness of our treatment is best supported when most of our time is dedicated to patient care and continuing education. Given this emphasis, we have decided that a simple cash for service policy is the best system in this office.

FINANCIAL POLICY

All sessions are to be paid in full at the time of service unless prior arrangement has been made with the therapist for us to bill your insurance carrier directly. Otherwise, upon your request, we will provide you with a physical therapy fee statement to be sent in by you for procurement of payment. It is strongly advised that you contact your insurance carrier directly. To verify your coverage ask whether your deductible has been met, what percentage they pay for out of network physical therapy and whether there is a calendar limit to the number of visits they will cover and whether a Physicians prescription is required. Please let your therapist know of any limits as soon as possible. Sometimes the information given by your insurance company can be incorrect. In the event that we are billing your insurance company, **Please understand you are fully responsible for any and all unpaid amounts and that copays and remaining deductibles are due at the time of treatment.**

Due to the nature of scheduling, in the event of a missed appointment or late cancellation (**24 hours is required**). A Charge of **\$95.00** will be billed to the patient to be paid upon their next visit.

I HAVE READ AND AGREE TO THE ABOVE POLICIES

Patient Signature

Date