ZARETT | REHAB | FITNESS

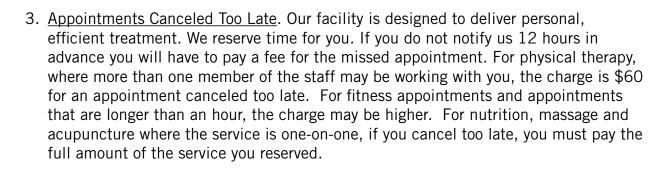


Financial Policies

You have the financial responsibility to pay for all services rendered by Zarett Rehab & Fitness. We accept insurance payment on your behalf for physical therapy services. However, this acceptance does not eliminate all financial responsibility to us.

- 1. We accept most insurances. We make a good faith effort to verify coverage. However, it is your responsibility to be knowledgeable about your insurance coverage, which can vary widely.
 - a. <u>Deductibles</u>. Many insurance programs have a deductible, a specified amount of money you must pay in cash for your treatment, before your insurance benefits become available. We are not permitted to waive deductibles. You must pay them upfront until the specific amount your insurance program requires has been paid.
 - b. <u>Co-Pay/ Co-Insurance</u>. Many insurance programs impose some type of cost for patients to use their coverage. These fees go on throughout the benefit coverage period, even after the deductible has been satisfied. The cost sharing may be a fixed amount (e.g., \$20 per visit often called a "co-pay") or it might be a percentage of the fee schedule amount (e.g., 20% of \$110 often called "co-insurance"). We have no control over your insurance coverage and we are obligated to collect all co-pays and co-insurances as established by your insurer.
 - c. <u>Exhaustion of Benefits</u>. Many insurers limit the number of treatments you may get with insurance coverage. If you exhaust your benefits, you must pay cash for any additional treatments.
- 2. <u>Physician Authorization</u>. Insurance coverage requires a physician prescription every 30 days. Without the prescription, your treatment is not covered and you must pay out of pocket if you proceed with treatment. It is your responsibility to make sure your physician's prescription is current when you present for treatment. Treatment without a physician prescription requires cash payment.

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Failure to pay for services rendered which require us to charge late fees for payment, attorney's fees or collection charges are your responsibility.

IF YOU HAVE ANY QUESTIONS ABOUT THESE POLICIES OR ANYTHING ELSE, PLEASE DO NOT HESITATE TO ASK AT THE DESK.

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By my signatu	ıre below I indica	ite I have read and agre	ee to the patient po	olicies.
Signature			Date	