



STATEMENT OF POLICIES

Workers' Compensation: REHAB AT WORK will submit all claims for services rendered by us to your workers' compensation insurance company provided that we have received a valid workers' compensation claim number or authorization number by your case manager, claims adjuster, referring physician, or attorney. All appropriate forms and reports will be submitted with your claim(s) to your workers' compensation insurance company. REHAB AT WORK is required by law to accept reimbursement from your workers' compensation insurance company as payment in full. Should you find it necessary to cancel your appointment, we require that we be notified 24 hours in advance. The above mentioned parties will be notified upon any/all cancellations/no shows (per incident). We reserve the right to discontinue treatment if two scheduled appointments are missed. In order to insure continuous treatment, please be present and punctual for all appointments.

Group Health Insurance: REHAB AT WORK will submit all claims for services rendered by us to your insurance company. In accordance with your insurance policy, if a co-payment is required, it will be collected from you at the time of service. We accept cash, personal checks and credit cards. There will be a \$35.00 fee for any returned checks. If we are a participating provider with your insurance company, you will only be responsible for payment of co-pays, co-insurance, or deductibles (as applicable). However, if we are not a participating provider, you will be required to pay the difference between our charges and the amount paid to us by your insurance company. You will be billed for the difference. Should you find it necessary to cancel your appointment, we require that we be notified 24 hours in advance. **If adequate notification of cancellation is not made, YOU, not your insurance carrier, will be charged for the missed appointment. The fee is \$50.00 for the Initial Evaluation and \$35.00 per visit, no exceptions.** We reserve the right to discontinue treatment if two scheduled appointments are missed. In order to insure continuous treatment, please be present and punctual for all appointments.

Personal Injury Cases: REHAB AT WORK will submit all claims for services rendered by us to your automobile insurance carrier and/or attorney. All appropriate forms and reports will be submitted along with your claim(s). Should you find it necessary to cancel your appointment, we require that we be notified 24 hours in advance. **If adequate notification of cancellation is not made, YOU, not your insurance carrier, will be charged for the missed appointment. The fee is \$50.00 for the Initial Evaluation and \$35.00 per visit, no exceptions.** We reserve the right to discontinue treatment if two scheduled appointments are missed. In order to insure continuous treatment, please be present and punctual for all appointments.

Self Pay: Payment in full is expected at each visit. You will be given a copy of your bill, if needed, to submit for reimbursement. We accept cash, personal checks, Visa, or MasterCard. There is a \$35.00 fee for any returned checks. **If adequate notification of cancellation is not made, YOU will be charged for the missed appointment. The fee is \$50.00 for the Initial Evaluation and \$35.00 per visit, no exceptions.** In order to insure continuous treatment, please be present and punctual for all appointments.

Signature of Patient or Legal Guardian

Date of Signature

Printed Name of Patient

Witness

STATEMENT OF COLLECTIONS

Collection Procedures: Collection procedures will be initiated on accounts that are over 120 days old, either in writing or verbally. **There will be an additional 35% charge on the total outstanding balance on the account, if the account is placed with our collection agency. These additional fees pay for any collection fees, attorney's fees and other related expenses associated with the collection of any account and are your responsibility.** Collection efforts will begin after the following conditions have been met, you refuse or are unwilling to pay any outstanding balance, or upon the judgment of the Finance Manager: 1.) All efforts have been exhausted to collect outstanding balances from your insurance company and/or attorney. 2.) Denial of any and/or all claims for reimbursement of services performed by REHAB AT WORK by your insurance carrier. 3.) Misrepresentation or misleading statement(s) by you, the patient, as to the exact nature and cause of your injuries that REHAB AT WORK has treated, as they specifically relate to automobile accidents and workers' compensation cases.

I, the undersigned, hereby agree to abide by and adhere to these policies. I also agree that in the event of default in the payment of any amount due, if this account is placed in the hands of an agency or attorney for collection or legal action, to pay any additional charges equal to the cost of

Signature of Patient or Legal Guardian

Date of Signature

Printed Name of Patient

Witness