

PRAIRIE REHABILITATION SERVICES

PAYING FOR YOUR THERAPY

We have found that communication with our patients regarding our financial policy assists us in providing the best service to you and helps keep our charges as equitable as possible. Please take time to read the following and sign at the bottom of the page.

INSURANCE: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We strongly recommend that you contact your insurance company or check your policy to determine what coverage is available for your therapy. We will bill your insurance company as a courtesy if provided with the appropriate billing information and forms. We will allow 60 days for receipt of your insurance payment. If your insurance company fails to pay within 60 days, we will expect you to pay the balance of the bill in full and seek reimbursement from your insurance company. We will file secondary insurance if information is provided.

SUPPLEMENTAL INSURANCE: Medicare: we will make sure that your claim is filed with your supplemental insurance policy. We will file secondary insurance if information is provided.

USUAL AND CUSTOMARY: Prairie Rehabilitation Services is committed to providing the best therapy for our clients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

PERSONAL INJURY: We will bill your liability insurance carrier for you. However: because liability coverage may be limited and lawsuits can go on for years, you must complete a Personal Injury Payment Options form prior to treatment. This form informs us of your intentions for alternative methods of payment if necessary. You must also complete a lien waiver and provide a copy of your private insurance card.

NO INSURANCE: Payment is expected at the time services are rendered.

STATEMENTS: Statements will be mailed to you on a monthly basis on the 3rd Thursday of each month. These statements are for your records. Your insurance company will receive a separate form from us.

PAST DUE ACCOUNTS: A service charge of 1.5% per month (18% annually) will be assessed to accounts over 60 days.

RETURNED CHECKS: There will be a \$20.00 fee for all returned checks.

PAYMENT METHODS: We accept cash, personal checks, and Novus/Discover, MasterCard and VISA credit cards.

SPECIAL NEEDS: Special needs are understood by us. It may be necessary to set up a payment plan for a patient requiring extensive treatment. If this situation is necessary for you, please let the receptionist know before your treatment and arrangements can be made.

I understand and agree that I am responsible and liable for payment of all charges assessed for professional services rendered. I understand that insurance claim forms will be submitted to my insurance company as a matter of convenience only and that I am primarily responsible for all charges regardless of my existing medical coverage. In the event my insurance company forwards payment directly to me, I will deliver such payment to PRAIRIE REHABILITATION SERVICES.

I understand and agree that if it becomes necessary for Prairie Rehabilitation Services to retain an attorney or commence any legal action for collection of any outstanding charges on my account, I will be responsible for all reasonable fees incurred by Prairie Rehabilitation Services in addition to such outstanding balance.

I understand and agree to the above.

DATE: _____ SIGNATURE: _____