

Specialized Physical Therapy

533- B Keyway Drive

Flowood, Ms. 39232

601.420.0717 or 888.740.9850

Fax: 601.420.0957

MANAGED CARE POLICY STATEMENT

We believe that open communications is the key to quality health care.

We require all patients who are currently member of PPO's, HMO's or other managed care insurance plans to remit a co-payment when services are endured. If you fail to remit payment during this time, we will forward a statement to you asking for payment. We will also at this time schedule a confidential financial counseling appointment for you upon request. As a courtesy, our practice will review your insurance coverage, estimate your insurance company's payment, review your insurance form, and file your claim.

If you or anyone covered under your health care plan has a claim denied because it is above the usual and customary charges, has benefits reduced, or has a claim under review, we will offer assistance to you to clarify any insurance determination. We will make every effort to assist you with your health coverage and ask for your assistance in writing or contacting the insurer when a problem arises.

All patients will be required to establish a written financial arrangement for payment when their insurance claim is denied for any reason. All patients will be notified when an insurance claim is denied. Please note your insurance coverage is a contract between you and the insurance company. We are not responsible for any insurance company determination. If Specialized Physical Therapy is not in your Network, you will be required to pay balance not covered.

We feel it is absolutely necessary to work together to avoid any and all misunderstandings or payment disagreements. Please do not hesitate to contact us if you have a question or need assistance.

By signing this form I agree to pay any and all charges accrued by myself or a family member that my Insurance company does not pay or cover.

Should your insurance company not pay in a reasonable time period, whereby your balance reaches \$1,500.00 you will be expected to pay per visit. *Our patient courtesy balance is \$1,500.00

**** Workmen's Compensation Patients: Healthcare Providers are not permitted to bill you directly, nor receive any type of payment, other than that from the insurance carrier. Therefore, should your balance reach \$1,500.00 you will have to discontinue treatment until payment is received from Worker's Compensation. Should you have any questions please ask to speak with our Insurance Coordinator.

Thank you,

Management of Specialized Physical Therapy

Name: _____ Date: _____