

FINANCIAL POLICY FOR EXCEL REHABILITATION

Thank you for choosing us for your rehabilitation needs. We are committed to your treatment being successful and feel that an understanding of our financial policy is essential. The following is a general statement of our financial policy.

Our office submits insurance forms as a courtesy and service to our patients. We are not obligated to perform this service unless we have participating or member agreements with individual companies. If payment is not received from an insurance company with which we are not contracted within 60 days, the balance due becomes your responsibility. Please read the information below that applies to your insurance situation.

HMO'S, PPO'S, POS'S

Before returning for further treatments, it is the responsibility of the patient to contact our office to insure that authorization for subsequent appointments has been obtained. You are bound by your plan to follow their rules and guidelines for obtaining a referral from your primary care physician before being seen in this office. Obtaining a referral is your responsibility and never the responsibility of this office. It is also your responsibility to keep track of your referrals and the number of visits they authorize. We are not responsible for notifying you when you are out of authorized visits. Please also note that referrals cannot be dated retroactively, that is, after the date of the visit. It is impossible for our staff to be familiar with the requirements of all group plans as they can vary widely even within the same HMO.

COINSURANCE/COPAYMENTS

Your insurance company will determine the coinsurance amounts. Once we receive notification from the insurance company, the billing office will send you a balance due notice. If you would like to make prepayments on your coinsurance, please contact our office staff to make arrangements.

Co-payments must be made prior to each visit. Please note that if we have not received a referral, it will be assumed that you are using the out-of-network option and you will be responsible for more than the co-payment.

MISCELLANEOUS INSURANCE COMPANIES

It is your responsibility to provide us with complete insurance information during your first visit office visit. We cannot bill your insurance company unless we have complete information, including the address of the company.

A traditional insurance plan pays a percentage of your charges. You will be asked to pay your deductible and then your percentage of responsibility on a weekly basis. This formally acknowledges that the undersigned patient has been informed that Excel Rehabilitation does not participate with _____ (Insurance Company).

UCR (Usual and Customary Rates)

Our practice is committed to providing the best treatment possible for our patients and we charge competitive rates for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates. We are under no legal obligation to accept what each insurance company feels is usual and customary. Our Business Office will be happy to give you an estimate of our charges, but cannot guarantee the accuracy of any estimate because treatments vary. Your physician and therapist control the actual treatment and, therefore, costs fluctuate.

SELF PAY

If you are not covered by any insurance plan, we will expect payment at the time service is rendered. If financial arrangements need to be made, please contact our Business Office at (703) 383-1616.

WORKER'S COMPENSATION

A claim will be submitted to your Worker's Compensation carrier only if the information is provided. If this information is not available, you will be billed directly until it is supplied. Please inform our front office if prior authorization is needed.

MEDICARE

Excel Rehabilitation has been approved to be a Medicare provider. You must show Part B on your Medicare card. If you have secondary insurance, please let our office know on the first visit.

Thank you for reading our financial policy. We realize that as health care changes, confusion can occur. Please let us know if you have any questions or concerns. Feel free to call our Business Office at (703) 383-1616 regarding any questions.

Patient's Signature

Date