

FINANCIAL RESPONSIBILITY

Thank you for choosing *Dayton Artificial Limb/Dayton Physical Therapy* as your health care provider. The following is a statement of our Financial Policy, which we ask you to read and sign prior to treatment.

PAYMENT FOR SERVICES PROVIDED

Payment is due at the time of service. We accept Cash, Checks, MasterCard and Visa. We offer an extended payment plan with prior credit approval.

REGARDING INSURANCE

DALC/DPTC agrees to bill most insurance carriers, if all necessary information is provided. Should your insurance not cover the services provided, the balance is your responsibility. If your insurance company has not paid your account within 90 days, the balance will be automatically transferred to your responsibility. A statement will be mailed to you and payment is expected upon receipt.

Your insurance policy is a contract between you and your insurance company. Coverage cannot be guaranteed. Estimates that we provide are based on either past experience or a normal 80/20 percent coverage. You will need to contact your carrier with any problems or questions.

Please note, some and perhaps all the services provided may be NON-COVERED services under the Medicare program and or other medical insurance. In this instance a statement will be mailed to you and payment is expected upon receipt.

USUAL AND CUSTOMARY RATES

It is our policy to charge our patients and their insurers in a fair and consistent manner. Our fees are set at usual and customary rates for this area.

RETURNED CHECKS

Should you make payment by check and it is returned, a fee of \$45.00 will be charged to your account.

I have read this Financial Policy and understand and agree to be personally and fully responsible for payment.