



## **Assignment of Benefits**

I hereby authorize and direct any insurance company to pay directly to Revive Physical Therapy for all amounts due by the provider for medical services rendered. I hereby authorize the release of any and all information from any part, including my attorney (waiving attorney/client privileges), to the medical provider for the sole purpose of reimbursement of services rendered by and requested from the provider. I understand that I am ultimately responsible for payment of my medical expense incurred by the provider, and interest at the prevailing rate for past due amounts. I agree that if I am being treated for a work related injury then I am authorizing Revive Physical Therapy to collect reimbursement from my employer's workers compensation insurance. I understand that Revive Physical Therapy Clinic has the right to pursue my insurance to collect on the services rendered for my treatment.

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Patients Signature

Date

## **Financial Policy**

**Primary Insurance** We will bill you primary insurance as courtesy for you. We assume payment of insurance benefits is not forthcoming on charges older than 60 days. Charges outstanding for more than sixty will be due in full from you regardless of the type of insurance involved. Any remaining balance after your co pay and your primary coverage has been paid, is due from you upon receipt of the explanation of benefits, from your primary insurance carrier. You will be responsible for any item not paid in full by your insurance carrier. Prior to beginning treatment, we will verify your insurance benefits. While we will take all responsible action to provide accurate therapy benefit information for your specific plan, be aware that verification of benefits is not a guarantee of payment from your insurance carrier. Secondary insurance will be your responsibility to file and collect.

**Medicare** We will bill Medicare for you. In most cases, Medicare will pay 80% of allowable charges. We will bill your secondary insurance for you, if you have one, or the balance will be billed to you.

**Self Pay** Please pay the balance in full at the time of service or upon receipt of a monthly statement or notice. In the event you are unable to pay the balance in full, we are willing to make reasonable payment arrangements. Please be advised that Revive Physical Therapy is not a credit guarantor, and therefore failure to maintain these arrangements may result in the placement of your account with a collection agency or attorney for collection. Credit cards are accepted for payment on account.

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Patients Signature

Date