



## OFFICE AND FINANCIAL POLICY

**Welcome and thank you for choosing PROCare Physical Therapy where you *get better faster!* We ask that you please read this policy before you sign it.**

**About Your Insurance Coverage:** As a courtesy, we will verify your coverage with your insurance company. Please note that verification of coverage is only information obtained and **not** a guarantee of payment. We will file directly with your health insurance, Worker's Comp, or Auto Medpay plan. We recommend you also contact your insurance company to verify your coverage for outpatient physical therapy.

**Financial Agreement:** Should insurance payment be denied for services rendered, or for non-covered medical supply items (such as: electrodes, theraband, kinesio/strapping tape, or dry needling) we will expect payment from you, the patient, or responsible party within 30 days of being balanced billed.

**Methods of Payment:** For your convenience, we accept personal checks, VISA, MasterCard, American Express, Discover, as well as Flex Spend and HSA debit cards.

**Non-Insured or High Deductible Plan:** We have affordable packaged private pay options available for non-insured patients or for those with high deductible insurance plans.

**Co-Payments and Outstanding Balances:** All insurance co-payments are collected the day of and prior to your appointment. Any outstanding balances, 30 days or older, are also collected prior to your appointment. If you are having financial difficulties with an outstanding amount, please contact our billing department @ 414.727.3343 to arrange a payment option prior to your appointment.

**Non-Sufficient Funds:** For non-sufficient/returned check, you the patient, or responsible party will be billed and charged a fee of \$35.00 for bank fees incurred.

**Appointment Cancellations:** We understand that events beyond your control may require you to cancel and appointment. When possible, we request 24 hours notice for cancellation of an appointment. Late cancellation or no-show may be subject to a \$25.00 charge. Insurance cannot be billed for cancellation fees. This is your responsibility.

**Treatment of Minors:** In the state of Wisconsin, a patient under the age of 18 cannot consent to treatment. We require a parent or legal guardian to be present during the initial consultation. Thereafter, a minor with a signed **Parental Consent Form**, may be treated without a parent / guardian being present.

**Student Trainees:** PROCare PT is committed to making our clinic a resource for education. In this regard, you may encounter students working toward a career in physical therapy. You may decline their presence if you so wish, but we appreciate the opportunity you provide them by allowing them to participate in or observe your care.

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**Patient / Guardian Signature**

**Date**