



## McDONALD PHYSICAL THERAPY

**“STRONGER EVERYDAY”**

### CLINIC POLICIES

Our policy regarding payment is that all patients pay for physical therapy at the time service is rendered (excluding workman’s compensation claimants). You will be expected to pay the portion of the amount that you owe based on your coverage. You may pay with cash, check, debit card, Visa, Mastercard, American Express or Discover. Checks returned by the bank for insufficient funds will be subject to a \$25.00 service fee.

**INSURANCE:** As a courtesy, we file you insurance claims for you. Unfortunately, there are occasions when the insurance company will reject the claims. If this occurs, you will be asked to contact your insurance company to determine the reason for their rejections or pending of claims. It has been our experience that insurance companies will respond more promptly to you, the insured, than to us, the provider. Thank you in advance for your assistance. **PATIENTS SHOULD NOT FILE THEIR OWN MEDICARE CLAIMS.**

We cannot treat patients on a contingency basis, therefore, when legal cases are pending settlement, we ask that each visit be paid at the time of service. In the event that we have to turn your account over to an attorney for collection, you will be responsible to pay your outstanding bill and attorney fees. **IF PAYMENT IS NOT RECEIVED WITHIN 60 DAYS, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE BALANCE AT THAT TIME.**

**FOR LIABILITY REASONS, WE ASK THAT YOU DO NOT BRING CHILDREN IN THE WORKOUT AREA/EQUIPMENT AREA.** If you must bring children with you during your treatment, they are your responsibility. Additionally, the presence of children can effect your focus and distract other patients during treatment.

**APPOINTMENTS AND CANCELLATIONS:** We will call to remind you the day before every appointment. We reserve the right to re-schedule a patient who is 15 or more minutes late for an appointment. If more than two appointments in a row are missed during your rehabilitation and you have not contacted your therapist, your remaining appointments may be taken off the schedule. In addition, your doctor, insurance company and/or work place will be notified.

The undersigned accepts all responsibility for treatment costs not covered by third party payers (this does not apply to workman’s compensation claimants).

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**Signature**

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**Date**

**Thank you for choosing McDonald Physical Therapy.**