

McDONALD
PHYSICAL THERAPY

&

SPORTS REHABILITATION CENTER

*Rapid pain relief from accident,
work, and sports injuries.*

TERMS AND CONDITIONS OF FILING WITH PERSONAL INJURY CARRIERS

I, _____, of _____, _____,
(name) (city) (state)

hereby agree to the following terms:

- If I have completed **6 visits** and no payment has been received from my insurance, or my insurance has stopped paying, I will start making regular payments that have been mutually agreed upon.
- If this should become a settlement case, I will then make payment arrangements, as I understand that McDonald Physical Therapy and Sports Rehab Center, P.C., does not consider a settlement case as an acceptable form of payment.
- If my insurance carrier has paid its maximum allowable benefit, or denies any further payment, I agree to allow McDonald Physical Therapy and Sports Rehab Center, P.C. to file claims with my health insurance carrier.
- I accept responsibility for any portion of my balance that remains unpaid (*example: deductible and or co-pay/co-insurance amounts*).
- I agree to abide by these terms and to maintain good communication with the Collections Department of McDonald Physical Therapy and Sports Rehab Center, P.C., until this account balance is paid in full.

Patient/Guardian Signature

Date

Driver's License Number: _____

Accepted by:

Date

on behalf of McDonald Physical Therapy and Sports Rehab Center, P.C.

1005 Hickory Road • South Bend, IN 46615 • Telephone (574) 233-5754 • Facsimile (574) 233-7406
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