

JMP

PHYSICAL THERAPY

Sherman Oaks Clinic • 14116 Magnolia Blvd. • Sherman Oaks, CA
91423-1119 • 818-789-3819

PAYMENT POLICIES AND CONTRACT **(Billing Office Phone 818-754-9549)**

We would like to take this opportunity to review our billing and payment procedures with you. We are committed to providing you with the best possible care and in doing so would appreciate payment of any balances due in a timely manner. Please take a moment to review our policies below; let us know if you have any questions so that we may help.

PROOF OF INSURANCE: It is your responsibility to provide a copy of your insurance card to this office. All patients are required to complete our patient information forms and provide a copy of your current driver's license and insurance card.

Initials _____

INSURANCE: We participate in most insurance PPO/POS plans and Medicare; we are not members of any HMO's. If you are insured by a plan that we are contracted with, but do not have proof of coverage, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company regarding any benefits your plan may not cover.

Initials _____

CO-PAYS, DEDUCTIBLES AND SHARE OF COSTS: All co-pays are due at the time of service. JMP will bill your insurance carrier; deductibles and share of costs must be paid at the time of receipt. Failure to pay can result in immediate discontinuation of your treatment and thus discharge from the practice.

Initials _____

NON-COVERED SERVICES: Please be aware that some and perhaps all of the services you receive may be considered non-covered, not necessary, or non-reasonable by Medicare and/or your insurance company. You must pay for these services in full at the time of service.

Initials _____

CLAIMS SUBMISSION: We will submit your claims and assist you in any way to get your claims paid on time. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Initials _____

NON PAYMENT: If your account is past due, you will be expected to pay in full prior to your next appointment. Partial payment will not be accepted unless payment arrangements have been made. Please be aware that if balance remains unpaid, or payments are not kept current legal action may be taken by JMP and you will be discharged from our practice.

Initials _____

MISSED APPOINTMENTS: Our policy is to charge \$50.00 for each missed appointment. If you find that you are unable to keep an appointment, please notify us at least 24 hours in advance. We reserve the right to bill you this fee if you fail to keep a pre-scheduled appointment. Since insurance companies and workers compensation do not pay for broken appointments, you agree that these charges will be solely your responsibility.

Initials _____

Acknowledgment of NTC 12-01: The Physical Therapy Board of California licenses and regulates your Physical Therapist and Physical Therapist Assistant. (A Physical Therapy Aide, while regulated by the Board, is not licensed.) You can visit the Board's website at www.ptbc.ca.gov or write Physical Therapy Board of California 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815 phone 1-800-832-2251

Initials _____

By initialing each policy and signing below, I acknowledge that I have read and understand each policy and agree to comply with them.

Patient Name

Witness(JMP staff member)

Patient/Guarantor Signature
 Copy given to patient

Date