

Mt. Stuart Physical Therapy

Finance/Insurance Form

Please print and complete all entries

Patient Name (Last, First, MI)		Date of Birth	Age	Marital Status	Today's Date
Address (Street, City, Zip)		Home phone:			
		Work phone:			
		Cell phone:			
Social Security No.		Who is financially responsible for this bill? DOB			
Employer Name and Phone No.		Occupation			
Name of Emergency contact	Relationship	Phone number			

OFFICE USE ONLY

INSURANCE INFORMATION

Primary Insurance Name	Address	Phone
Secondary Insurance	Address	Phone

MVA/L&I Claim # _____ Co-pay _____ Visits _____

DOCTOR INFORMATION

Office use only

Referring Doctor _____ Phone _____

Diagnosis _____ ICD-9 Code _____

Onset _____ L&I Date of Injury _____

1st Rx _____ MVA Date _____

P.T. _____

OFFICE AND FINANCIAL POLICY

WELCOME TO OUR OFFICE

Our mission is to assure our clients the very best in Physical Therapy care. Each client will be treated as an individual with their overall wellness and satisfaction as first priorities in everything we do. Thank you for choosing our practice.

Our financial policy is designed to help us treat all clients equally and fairly. We've learned from experience that clear communication avoids any potential problems later on in our relationship.

Co-payment is due at the time services are rendered. We accept cash, personal checks and credit card. If you are paying privately and are unable to pay in full, please speak with us and we will set up a payment plan. If you are paying privately at the time of services, you will receive a 30% discount.

INSURANCE COVERAGE

I have supplied Mt. Stuart P.T. with my correct and current insurance coverage. For those clients with insurance coverage, we are more than happy to process the insurance billing for you. Please remember that insurance policies are a contract between yourself and your insurance company. **In the event your insurance company denies payment you will be responsible for the balance due.**

MISSED APPOINTMENTS

We ask for 24 hour notice of a cancellation, as we often have people on a waiting list to be seen. On the 4th and subsequent cancellations you will be charged a \$40.00 fee.

NO SHOWS – You will be allowed ONE no show appointment i.e. missing your appointment without prior notification. Following that, you will be charged \$40.00 for a no show appointment. Your insurance company will not pay this. After a total of 3 no shows, we will no longer schedule you. This policy is in effect as a courtesy to our other clients and Mt. Stuart Physical Therapy.

I acknowledge that I have read, understood and will abide by the above.

Client signature _____ Date _____

Office Signature _____ Date _____