

P R E M I E R

PHYSICAL THERAPY & SPORTS MEDICINE

YOU ARE RESPONSIBLE FOR:

Payment for all services rendered by Premier Physical Therapy & Sports Medicine. Although we will do our part to submit claims to your insurance company, it is your responsibility to know your benefit and coverage limits. **If for any reason your insurance fails to reimburse Premier Physical Therapy & Sports Medicine you will be responsible for payment for all services rendered.**

PRE-AUTHORIZATION AND REFERRALS:

It is your responsibility to know which services require pre-authorization. If your insurance plan requires a written referral from your Primary Care Physician (PCP) in order for physical therapy services to be initiated, you are required to provide this facility with the written referral prior to your first treatment.

INSURANCE PLANS WITH DEDUCTIBLES:

If you have an annual deductible, in which you must pay before your insurance company begins to cover services rendered, you will be responsible to make payment in full for all services rendered until you deductible has been met.

PLANS OF NON-PARTICIPATION:

We will provide the service of submitting claims to you insurer if we are non-participating. However, if payment is not received within 90 days from the date of service, charges for services rendered to you or your family member become your responsibility. You are responsible for your entire charge less any payment from you insurer. If we do not participate with your secondary (or any non=primary) insurer, you are responsible for that portion of the bill at the time of service.

COVERAGE LIMITATIONS OF YOUR HEALTH INSURANCE PLAN:

Your health insurance plan provides payment for physical therapy services with the following limitations:

PAYMENT TERMS:

Payment is due at the time of service for insurance co-payments, annual deductibles and any services deemed non-covered by your insurance company. We accept Cash, Check Money Orders, MasterCard, Visa, Discover and American Express.

FEES:

Insufficient Funds Check Fee \$25.00

Missed Appointment Fee \$25.00

IN SIGNING THIS POLICY:

You assign your insurance benefits directly to Premier Physical Therapy & Sports Medicine. You authorize Premier Physical Therapy & Sports Medicine to release any medical information for claims reimbursement or clinical purposes. You certify that all information given by you is correct to the best of your knowledge. Your signature on this document serves as "Signature On File" for all claims submitted to your insurance company for the services rendered at Premier Physical Therapy & Sports Medicine.

PATIENT SIGNATURE: _____ Date: _____

GUARDIAN SIGNATURE:
(if patient is a minor) _____ Date: _____

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1680 SE Lyngate Dr., Suite 203
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Fort Pierce, FL 34950
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ST. LUCIE WEST
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