Financial Policy

<u>No Show & Cancellation Policy</u>: In an event you need to cancel your appointment, we require at least 24 hours notice. Your appointment time is very important to us. If we do not get at least 24 hours notice of your cancellation, we may not be able to schedule another patient who may need that time slot. This is detrimental to us and to the patients we serve.

Repeated no shows or late cancellations are disruptive to the optimal delivery of care and may indicate a lack of commitment to your health and wellness. As a result, 3 late cancellations and/or no shows may result in discontinuation of therapy. In the event that you are discharged from our care, your referring provider and/or claims manager may be notified of the reason for discharge from therapy. We realize that emergencies do occur and we will give reasonable consideration for illnesses or unforeseen emergencies.

<u>Financial Policy:</u> A medical insurance policy is a contract between you and your insurance company. Coverage depends upon your insurance company and the specific plan you have chosen. Sobe Innovative Rehabilitation, as a service to patients, agrees to submit your claims directly to any insurance we accept. You may need a current physician's prescription/referral for therapy services in order to submit your claim. Referrals are current for 90 days unless otherwise specified. In order for us to submit a claim to your insurance company, we will need a copy of your insurance card. Your portion of your bill is due within 10 days of receipt of a statement. A fee of \$30.00 will be charged for any check returned by the bank for Non-Sufficient Funds.

All patient co-payments and deductibles are due at time of treatment.

<u>Medicare Patients</u>: If you choose to schedule therapy without a physician's prescription/referral, we MUST obtain a signed therapy plan of care from your physician within 30 days of your initial visit. Also, you must be discharged from any home health care services or agency prior to initiating outpatient therapy. Medicare will not pay for both home health and outpatient care simultaneously.

Cash-Pay Policy: We offer patients a discount from our usual and customary charges for services paid in full at the time of service. This discount is based on the administrative savings to our practice when receiving payments up front rather than billing for services. We will not bill your insurance company for services provided under this arrangement. No forms will be produced now or in the future for you to submit claims for insurance billing.

I understand the Clinic and Financial polices as described above. I authorize my medical benefits to be paid directly to Sobe Innovative Rehabilitation for my services. I acknowledge that I am financially responsible for any balance due on all covered or non-covered services. I authorize the release of any medical or other information necessary to process the claim or provide continuity of care. I consent to receive treatment as prescribed by my provider.

Signed By

Date