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Welcome to Plumas Physical Therapy, Inc. We will do everything we can to help you through your treatments. Our office staff is willing to help you with insurance information and billing and other questions you might have.

APPOINTMENTS

Appointments will take 45-60 minutes. If you are not able to keep a scheduled appointment, please call at least 24 hours in advance to cancel. Failure to show for an appointment or to call in advance may be subject to a fee of \$25.00. If you do not show for two consecutive appointments, you will be charged \$25.00 for each appointment and removed from the schedule.

Signature of Patient or Responsible Party

Date

FINANCIAL POLICY

Regarding insurance plans where we are a participating provider: *All co-pays and deductibles and amounts not covered are required at time of treatment.* In the event that your insurance coverage changes to a plan where we are not a participating provider, please refer to the paragraph below.

Regarding insurance plans where we are not a participating provider: We may accept assignment of insurance benefits; however, *we do require that you pay your co-payment at the time of treatment.* The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If we accept assignment of benefits, we require that you be pre-approved on an extended payment plan or provide a credit card with authorization to bill that account for the balance. *If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to your credit card or the extended payment plan.* Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for this area. You are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates.

Regarding private payment where we do not bill insurance: *Payment is required at time of treatment.*

Interest: We reserve the right to charge interest of 18% (1.5%/month) as provided by state law.

WE ACCEPT VISA, MASTERCARD AND DISCOVER CARD

The adult accompanying a minor and the parents (or guardians) are responsible for payment.
I understand and agree to this Financial Policy:

Signature of Patient or Responsible Party

Date