



1002 N. 13th St.
Boise, ID 83702
p.208.367.1528
f.208.367.1529

Financial Policy Statement

Focus Physical Therapy will bill your primary insurance carrier out of courtesy and as a convenience for you. (We do not bill secondary insurance.) However, you are ultimately responsible for payment of services received, regardless of the insurance coverage. Please direct any questions regarding your insurance benefits directly to your insurance company.

If your insurance company does not remit payment within 60 days, the balance will be due in full from you. If your insurance company remits only a percentage of the total balance due, you will be responsible for the remainder of the balance. Co-Pays and Co-Insurance are always due at the time of service. All returned checks will be charged a fee of \$20.00. We cannot bill your insurance without a copy of the front and back of your current insurance card. Workers Compensation claims must have proper documentation provided by the patient at the initial visit, including doctor's referral, insurance company, address, and claim number. If proper documentation is provided we will bill the insurance company with no upfront payment required from the patient. Any outstanding balance not paid by Workman's Compensation is the responsibility of the patient.

Consent for Treatment

I agree to give my consent for Focus Physical Therapy to furnish physical therapy services to _____ that are considered necessary and proper in the treatment of his or her physical condition.

Authorization for Disclosure of Medical Records

I authorize Focus Physical Therapy to release copies of the physical therapy records and billing statements to my insurance company for the purpose of billing for the services received.

Cancellation/No Show Policy

- The appointments made represent time set aside specifically for you. All cancellations should be made at least 24 hours prior to the scheduled visit except in the case of illness or emergency.
- By law, all cancellations and no shows involving worker's compensation claims must be reported to your physician and your claims adjuster.
- Patients who cancel or no show on three separate occasions without good cause will be allowed to schedule additional appointments only at the discretion of the treating therapist.
- All No-Call/No-Show Appointments may be charged a \$25.00 fee.

Information Privacy Statement

Focus Physical Therapy will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. A detailed Notice of Privacy Practices to help you understand our current policies is posted in our office. The undersigned acknowledges receipt of this information.

I understand and agree to the Financial Policy Statement, Consent for Treatment, and Authorization for Disclosure of Medical Records, Cancellation/No Show Policy and the Information Privacy Statement above:

Patient/Guardian _____ **Date** ____/____/____