



Hands On Hands Rehab Center, Inc.

Financial Contract and Cancellation Policy

Thank you for choosing us for your rehab services. We are committed to providing you with quality care. We ask all patients to review and sign our financial and cancellation policy, asking questions as necessary.

- _____ Initial 1. Insurance: We accept assignment and participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. ***Knowing your insurance benefits is your responsibility.*** Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.
- _____ Initial 2. Patient payment: ***All copayments and deductibles are to be paid at the time of service.*** This arrangement is part of your contract with your insurance company.
- _____ Initial 3. Registration: All patients must complete our patient information form. This allows us to maintain accurate information for proper billing. ***We must obtain a copy of your driver's license and current valid insurance card*** to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim.
- _____ Initial 4. Claims: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. ***Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.***
- _____ Initial 5. Missed appointments: ***Our policy is to charge \$70 for missed appointments not canceled within a 24 hours of your scheduled appointment.*** These charges will be your responsibility and billed directly to you. Please help us serve you and our clients better by keeping your regularly scheduled appointment.
- _____ Initial 6. Our fees fall within the acceptable range by most insurance companies, therefore are covered up to the maximum allowance determined by each carrier. Most companies consider our fees usual and customary.

Fee Schedule:

Initial Evaluation (60 mins.):	\$200.00
Re-Evaluation:	\$ 70.00
Manual Treatment (15mins.):	\$ 50.00
Therapeutic Exercises.Activities (15 mins.)	\$ 50.00
Wound Care:	\$ 70.00
Modalities: Electrical Stimulation	\$ 25.00
Ultrasound	\$ 30.00
Fluidotherapy	\$ 25.00
Parafin Dip	\$ 25.00
Iontoporesis	\$ 30.00
Whirlpool	\$ 30.00
Hot Packs/Cold Packs	\$ 25.00
Cancellations	\$ 70.00

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I understand that Hands On Hands Rehab Center, Inc. will contact my insurance company to verify authorization as a courtesy and that it is ultimately my responsibility to understand what benefits my insurance covers.

Signed: _____

Date: _____

A Copy of this agreement has been given to the Patient: Yes.

No

Name of person that reviewed this agreement with the Patient: _____