



## PAYMENT POLICY/CONSENT TO TREAT

I understand and agree that I am financially responsible for any and all services rendered by Sage Physical Therapy & Wellness. I understand that while my insurance may confirm my benefits, confirmation of benefits is not a guarantee of payment and that I am responsible for any unpaid balance. I understand and agree that it is my responsibility to know if my insurance has any deductible, copayment, co-insurance, out-of-network, usual and customary limit, prior authorization requirements or any other type of benefit limitation for the services I receive, and I agree to make payment in full. Sage Physical Therapy & Wellness will bill your primary and secondary insurance carrier(s) as a courtesy to you. The carriers contracted rate will be accepted from your primary insurance carrier only if we have a signed contract with that carrier to accept the negotiated price. Co-pays will be collected at the time of rendered services. If payment from the insurance carrier is denied, or if payment is not made within 90 days, the balance for that amount becomes due and payable by the patient. When a patient is a minor, the parent/guardian assumes financial responsibility.

In the case of automobile injury (PIP) or workers compensation claims, we require all necessary forms to be completed so we may file claims on your behalf to obtain reimbursement for services rendered. In addition, you must provide your health insurance information as backup.

Sage Physical Therapy & Wellness requires a 24 hour notification if you are unable to keep your appointment. Failure to comply with this policy will result in a \$25 No Show/No Call charge to be paid before your next visit. If you have three consecutive cancels or no shows without prior notification, Sage Physical Therapy & Wellness has the right to discharge you from care.

You must arrive on time for your appointments. If you arrive 15 minutes or later for your scheduled visit, we may decline treatment that day, as it may affect other clients.

I understand and accept that it is ultimately my obligation to pay for any and all physical therapy charges for which I am billed by Sage Physical Therapy & Wellness. I understand that I am also responsible for paying any and all fees associated with the collection of my outstanding balance should legal counsel or collection agency becomes necessary.

I consent to treatment necessary for the care of the patient indicated on this form as may be dictated by prudent medical practice by my illness, injury or condition. Treatment may include dry needling. This consent is intended as a waiver of liability for such treatment excepting acts of negligence. I hereby authorize payment of medical benefits directly to Sage Physical Therapy & Wellness for services rendered. Authorization is hereby granted to release any medical information as may be necessary to process and complete my claim.

I hereby acknowledge that I have read this contract in its entirety and have had all my questions concerning the above policies answered. I fully understand this contract and agree to its terms.

Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_