



K A L E D E M E N T
PHYSICAL THERAPY INCORPORATED

Insurance and Cancellation Policy

Due to policy provisions in your contract with your insurance carrier we are obligated to collect all patient responsibility balances.

If your insurance policy has provisions such as deductibles, co-insurances, or co-payments please note that these are provisions that have been agreed upon between you and your carrier. We cannot legally discount fees after their submission on your behalf to your carrier.

If we are networked with your carrier, we have an additional contractual obligation to collect the balances as outlined by your carrier. Not collecting patient responsibility balances could jeopardize our contract with your carrier.

These fees are applied to an annual out of pocket maximum, and if we do not collect that fee, your out of pocket maximum has not been correctly calculated.

Please note that we require a 24 hour cancellation notice. There will be a 25.00 fee for any no show or cancellation made less than 24 hours from your scheduled appointment time. This fee is automatically processed to your account. Accumulating three or more 25.00 fees will result in a discharge until fees are paid.

We regret if any of these regulatory provisions cause you any inconvenience, but we must be bound by all provisions of insurance policy and federal law. If you have any issues or concerns with your insurance we will be more than happy to assist in the resolution of those issues or concerns. Please feel free to contact me with any questions you may have or any assistance you may require to fully understand these provisions.

I have read and understand the above policy.

Signature

Date