

## FREEDOM THERAPY FINANCIAL POLICY

As your therapists, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance and understanding of our payment policy.

PAYMENT FORMS - We accept personal checks. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check and you will lose your privilege to write checks in our office.

CANCELED APPOINTMENTS - Patients who do not cancel appointments may be discharged from their therapy program after a second "no-show" or ineffective visit.

MEDICARE - Your deductible and co-insurance (20% of the allowable charges) will be due once services are provided. A bill will be sent to you. Since we are a Medicare provider we will file your Medicare claim for you. We will then bill you *after* Medicare informs us what costs you are responsible for. If you have a secondary insurance, they may cover all, part, or none of the Medicare co-insurance amount. Contact your secondary insurance to learn your benefits. Please bring your Medicare Explanation of Benefits (EOB) showing you have met your deductible.

**OTHER INSURANCE CARRIERS - We will be happy to file your insurance for you. You will be responsible for any outstanding balance not paid by your insurance carrier. Our fees have been carefully and fairly established based on prevailing rates in and around Monroe County, regardless of the arbitrary usual and customary fees your insurance company may pay.**

FINANCIAL AGREEMENT - We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not part of that contract.
2. **Not all services are a covered benefit in all contracts.** Some insurance companies arbitrarily select certain services they will not cover (e.g., routine evaluations, or maintenance therapy).

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. All charges are your responsibility from the date services are rendered.

Any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such emergency cases occur, please contact us promptly for assistance in the management of your account.

If it becomes necessary to collect any sum due through an attorney lieu the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

**If you have any questions about the above information or any uncertainty regarding insurance coverage please do not hesitate to ask us. We are here to help you.**

**Director:**  
Sam Burge, OTR/L  
**Phone:**  
(585) 720-9608

**My signature below certifies I have read, understand, and agree with the above financial policy.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_