



426 A McCall Rd., Manhattan, KS 66502 - 785-776-0670

## FINANCIAL POLICY

We are committed to providing you with the best possible treatment. In order to achieve this goal, we need your assistance and your understanding of our financial policies. If you have any questions regarding these policies, please contact our billing staff at 785-776-0670.

### **Health Insurance**

We will be happy to file medical insurance claims for you. In order to do so, you must present your insurance card(s) at the time of registration.

Covered benefits vary between insurance plans. Some insurance plans require pre-authorization for therapy services. Therefore, make sure you have pre-authorized your treatment(s), if necessary. Additionally, it is your responsibility to understand the limitations and exclusions of your policy. If you have any questions regarding your coverage, please contact your plan administrator or the insurance company's customer service department.

**COPAYS ARE EXPECTED TO BE PAID AT THE TIME OF YOUR VISIT. YOU WILL BE RESPONSIBLE FOR NON COVERED SERVICES, DEDUCTIBLES, AND COINSURANCE AMOUNTS.**

### **Self-Payment Accounts**

We ask that you remit payment within ten days of receiving your monthly statement. We are happy to accept payment by cash, check or credit card. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, please contact our billing staff to establish payment arrangements.

### **Worker's Compensation**

We will file Worker's Compensation insurance claims to your employer. If you have questions or concerns about the status of your Worker's Compensation claim, please contact your employer. If Worker's Compensation denies your claim, please provide your health insurance information to our billing staff.

### **Liability Claims**

Liability claims will be forwarded to the party listed on your patient information. However, regular monthly payments are expected. All liability claims are ultimately the patient's responsibility. We will work with you to establish a reasonable monthly or weekly payment plan.

### **Medicare**

Medicare will cover most therapy charges with a referral from your doctor. You will receive a statement after Medicare and any supplemental policies have paid.

### **Medicaid**

As a participating provider, we will file your claims Kansas Medical Assistance Program. Some Medicaid recipients are required to pay a co-payment for each visit. The Department of Health and Human Services requires that this co-payment be made at the time of each treatment and will not allow us to waive co-payments. Please make this payment upon arrival.

Signature \_\_\_\_\_

Date \_\_\_\_\_