



Payment Policy

1. All patient co-payments are due in full at time of service.
2. Physical Therapy of Idaho will gladly bill your insurance company for you according to the services and procedures performed during your visits, however, please remember that it is your responsibility to know exactly what your insurance plan covers. Some insurances have limits, either monetary or numerical, as to how much outpatient physical therapy they will cover. It is important to understand your individual plan.
3. Patients who are not covered by an insurance company must pay in full at the time of service.
4. All charges become due and payable upon 30 days after final billing to insurance. Any balance remaining after this point will be assessed an annual finance fee of 24%, which will be billed at a periodical rate of 2% per month.
5. We will accept, and recommend, any partial payments you may wish to pay beyond your co-payments at the time of service. This will allow you to make frequent smaller payments and will lower the final balance that may exist when you have completed your treatments, and insurance responsibility is complete.
6. Please contact Physical Therapy of Idaho within 30 days of the first billing for any disputed accounts.
7. If payment arrangements are necessary, we will be happy to work out a payment schedule with you to clear your account. Any account left unpaid after 60 days may be referred for collection or legal proceedings.

Physical Therapy of Idaho will submit bills to your insurance company for services rendered. After this the bill is considered your responsibility, regardless of whether your insurance company makes payment.

If you have any questions regarding these policies please contact us before services begin.

I have read and understand the above payment policy and agree to all terms stated above:

Guarantor or Patient Signature _____

Date _____