Financial Policies

Cash Accounts: Payment is due at the time of service.

Private & Group Insurance Plans: You are required to pay your co-payment at the time of service.

The support staff of Foundational Physical Therapy, LLC (Chandler Physical Therapy) will bill your insurance company once you have provided a completed insurance information sheet and a copy of your insurance card/cards. This service is provided as a courtesy to you; you are ultimately responsible for prompt and full payment for all services provided. We accept cash, checks, MasterCard, or Visa. Please be advised that there will be a $25 service charge added to your account for returned checks.

Your insurance is a contract between you, your employer if applicable, and the insurance company. **It is the responsibility of the patient to know their benefits and if prior authorization is required by their insurance company prior to physical therapy treatments. Failure to obtain prior authorization may affect the benefits paid by your insurance company. It is your responsibility to pay for all services regardless of any agreement you may have with an insurance company, employer, union, government, or legal suit.**

If your insurance company fails to pay the claim in a timely manner, you are responsible for the payment of the contracted amount in full.

Medicare: We at Foundational Physical Therapy, LLC (Chandler Physical Therapy) are authorized by Medicare to provide physical therapy services. We will submit a completed claim electronically to Medicare for you.

All Patients: Should your account be referred for collections, the undersigned shall pay reasonable collections expenses including attorney's fees.

PLEASE READ AND SIGN THE FOLLOWING:

I authorized Foundational Physical Therapy, LLC (Chandler Physical Therapy) to furnish my insurance company and my physician with all information requested concerning my illness or injury.

I authorize and assign any and all money payable to me under the terms of any insurance policy, contract or third party entitlement as a result of the services provided by Foundational Physical Therapy LLC (Chandler Physical Therapy).

I understand that I am financially responsible for all charges not covered by my insurance.

PATIENT SIGNATURE:_____Date:_____