



### Office Financial Policy

**Insurance:** Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. As a patient, it is your responsibility to know and understand your insurance plan benefits and your responsibility to pay for any deductibles, co-insurance, and/or co-payment amounts. The amount paid by insurance companies varies from policy to policy. We will call to obtain a benefit quote from your insurance company, but this is not a guarantee of payment. We will submit the forms necessary to your insurance company, as a courtesy to you. Once billed its, due in 30 days from date of statement. It is to be understood and agreed upon that any services rendered, that are not paid for by your insurance, are your responsibility. Your co-pay is due at the time services are rendered. If your insurance policy changes, it is your responsibility to inform us as soon as possible or you will be responsible for the charges.

**Cash Pay:** If you do not have insurance or opt for a self-pay option, payment will be due at the time services are rendered. We accept cash, checks or credit card. Our self-pay prices are listed below.

Initial Evaluation; \$140

Follow up visits: \$70/half hour

\$140/hour

I have read and understand the payment policy for South River Rehabilitation and Performance and for South River Physical Therapy. I request that South River file with my insurance, if indicated. I understand that I am responsible for any charges that occur outside of insurance coverage or as a self-pay patient.

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if minor)

\_\_\_\_\_  
Date