



## Patient Financial Responsibility Policy

The patient's insurance policy is a contract between the patient and his or her insurance company. However, **all charges regardless of the insurance coverage are the patient's responsibility** and the patient is ultimately responsible for any unpaid balances. As a courtesy to our patients, KPT will bill the insurance company and make every effort to ensure that claims are promptly and correctly processed. KPT also bills patient's secondary insurance when patients provide complete insurance information.

**Patient co-pays are expected at the time of service**, and any remaining payment is due in full within 30 days of receiving the first invoice from KPT. We accept cash, checks, money orders, debit cards, and credit cards (VISA, MasterCard, Discover).

King Physical Therapy has partnered with CareCredit to provide a healthcare credit card to pay for health care expenses at 0% interest up to 12 months. Our receptionist will be able to assist you with the application process.

### **Cancellation Fee**

There is a \$60 cancellation fee in the event that you cancel an appointment without 24 hour notice. There is an answering machine available to leave messages after hours if needed.

### **Past Due Balances.**

A past due balance is any amount owed after the insurance company has paid its portion, but where KPT has not received the full patient balance within ninety (90) days. After ninety (90) days as a private pay balance, interest may accrue at the rate of 1.0% per month (12% annual rate) on the unpaid balance at the discretion of the practice. Balances on accounts with payment plans where payments are in compliance with the plan are not considered past due balances. ***Patients who have a previous balance and wish to receive additional services are required to pay any new charges at the time of service.***

### **Financial Hardship Determinations**

In the case of indigent, uninsured, or underinsured patients, KPT may reduce or eliminate the patient's financial responsibility for medically necessary and appropriate treatment on a case-by-case basis where the patient qualifies under our financial hardship guidelines. Determination of financial hardship is based upon a percentage of established Federal Poverty Income Guidelines in relation to household income and household assets. As part of the process, we will evaluate income levels, net worth, employment status, other financial obligations, the amount and frequency of healthcare bills, and other circumstances.

*Insured patients who choose not to have their claim filed with their insurance company are not eligible for our financial hardship assistance program.* If you are interested in participating in our financial hardship determination process, please advise the secretary for additional forms.

I hereby assign, and set forth to **King Physical Therapy**, sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my medical care, to cover the costs of care and treatment rendered to myself or my dependent. I understand I am financially responsible to **King Physical Therapy** for charges not covered by this authorization.

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**Signature of Patient or Responsible Party**

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**Date**