STEP UP Physical Therapy, PLLC
Senior **T**argeted **E**xercise and **P**hysical therapy
Phone 303 909-9393 Fax 303 738-5544 www.stepuppt.com

New Patient Agreement

Patient Name: _____

We accept insurance with out of network benefits.
%insurance coverage/ % patient responsibility: Dependent on plan: _____
Deductible: Dependent on plan: _____
Copayment: Dependent on plan: _____
Billing policy for therapy: We will bill your insurance plan for services rendered.

Important: This is not a guarantee of payment for services. This is strictly a description of your benefits for outpatient physical and/or occupational therapy. If you do not feel this benefit is correct, please contact your insurance company. Ultimately, you are responsible for ANY amount not covered by your insurance company.

Please read the following information:

- Your insurance policy is a contract between you and your insurance company. We will bill your insurance company on your behalf. **Any amount not covered or denied by your insurance company is your responsibility. If your insurance company has not made payment on your account within 90 days, you must pay your account in full or make arrangements for a payment plan. You may then contact your insurance company for reimbursement. Should your account be sent to collections, we reserve the right to charge interest on the overdue balance in the amount of 21% as approved by law.**

- We cannot bill your insurance company unless you give us your current insurance information. Please notify us of any changes. In the event your insurance company changes and we are not a participating provider, you may be responsible for these charges.

- Payment is due at time of service for any cash pay service. Once your insurance company has processed your claim, any remaining balance is your responsibility to be paid within 30 days of billing date. In the event that your insurance policy changes and we are not a participating provider, you may be responsible for these charges.

- Cancellation/appointment policy: Unless you cancel at least 24 hours in advance, our policy is to charge $50.00 per missed appointment. This will allow us to fill your appointment slot with someone who may need care urgently. Your insurance company will not cover missed appointment fees.

By signing below I understand and agree to this Financial Policy and acknowledge I have read the notice of privacy practices.

X_____ Date_____

Permission to Treat

I authorize the licensed physical and/or occupational therapists at STEP UP Physical Therapy to provide me with evaluation and treatment.

X_____ Date_____

Assignment to Pay Benefits and Medical Information Release

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment (Physical and Occupational Therapists of STEP UP Physical Therapy, PLLC).

X_____ Date_____