OAKHURST PHYSICAL THERAPY, INC.

39930 Sierra Way, Suite A
Oakhurst, CA 93644
PH (559) 683-0974 FAX (559) 683-0973

Tony McLean, PT, DPT
Lori McLean, PT, DPT

FINANCIAL RESPONSIBILITY

As a courtesy to all clients, Oakhurst Physical Therapy, Inc. will bill patient's health insurance plans and accept in-network rates as contracted. If your insurance plan deems treatment to not be medically necessary or has exhausted its benefits, the patient will be subject to the cash-rate fee. If you have questions about your insurance coverage, please contact your insurance carrier.

Payments: Payment is due at time of service and you are responsible for all insurance co-payments, deductibles, and co-insurance for services through your course of treatment. Once your insurance has processed your claim, you will receive a statement from us to collect any further fees that are due as explained on your insurance Explanation of Benefits.

Secondary Insurance: If you have provided us a secondary insurance, as a courtesy to you, we will also bill them once the primary insurance has processed. If the secondary insurance denies payment for any reason, you will be billed for the remaining balance on your account and you will need to seek reimbursement from your secondary insurance.

Cash-Rate-Services: If you choose to pay cash for physical therapy services, charges will be a flat-rate fee of $150/visit and will include initial evaluation, follow-up visits, and progress reports. Supplies are an additional charge. Payment is required for each visit prior to the service. If you do have health insurance coverage but are choosing to not utilize it for this service, please understand that we cannot bill the insurance at a later date and cash payments cannot be applied to deductibles unless the insurance is billed.

Cancellation and No-Show: We will schedule a specific appointment time with you in order to offer services. If you must change your appointment time, please be considerate of our time by giving 24 hours notice. This form will serve as your notice for charges of $25 billed to you if you fail to keep your appointment without giving 24 hours notice.

Collection Agency: Any unpaid charges will incur an additional 30% fee and will be forwarded to a collection agency. To avoid being sent to the collection agency, please keep your account current and respond immediately to our notices sent by mail or telephone.

I understand and acknowledge my financial responsibility for payment of service.

Patient/Guardian Signature (indicate relationship to patient) Date

Print Patient Name

(02/13/2019)