

Hayes Physical Therapy  
60 Route 25-A, Suite #2  
East Setauket, N.Y., 11733

## FINANCIAL POLICY

### *To Our Valued Clients:*

**Assignment of Benefits:** Hayes Physical Therapy will process all claims for payment. Therefore, we require you to sign an "Assignment of Benefits" form which we will keep on file.

If you wish to handle the claims process personally, treatment fee must be paid at the time of service.

If your primary insurance is Medicare and you do not have a listed or updated secondary insurance, you will be financially responsible for the 20% that Medicare does not cover at the time of service. If your primary insurance is not Medicare and you have secondary insurance, you will be responsible for the primary insurance co-payment. We do not bill secondary insurance carriers.

**Referral and Pre-certification:** Please be sure to know your insurance coverage and co-payments before your treatment starts. If your insurance requires a referral or pre-certification by your primary care physician, be sure to bring it with you. If subsequent referrals are required, you will be responsible to hand them in when they are due.

If authorized visits are missed, they must be made up within the allotted time frame or they will be forfeited. We are unable to extend authorization time tables.

**Co-Payments:** Your co-payment is due at the start of each treatment. You may pay by cash, check or credit card (Visa, MC or Discover).

**Returned Check Fee:** There is a \$25 fee for all returned checks.

Your financial responsibility is any portion of your yearly deductible and out of pocket expense that has not been satisfied, and any dates of treatment either denied or not covered by your insurance. If you have any questions regarding coverage we urge you to contact your insurance carrier.

You are responsible to ensure that your authorizations (if required) are current, and you do not exceed your allotted visits.

Thank you for your cooperation,  
Hayes Physical Therapy, PC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_