

## **POLICIES & PROCEDURES**

### **PATIENT FINANCIAL POLICY**

Thank you for choosing Achieve Physical Therapy as your healthcare provider. We are committed to building a successful provider-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is advised that you contact the insurance company directly to learn more about your specific physical therapy benefits.

➤ **Payment Policy:** All co-payments are due at the time of service. For deductible plans - if the patient has not yet met their deductible at the time of service, the deductible balance and/or co-insurance will be billed upon receipt of the insurance remittance. Payments can be made in person, online: [www.achievePTonline.com](http://www.achievePTonline.com), by phone: (978) 263-0007, or mail: Achieve Physical Therapy - 411 Massachusetts Ave. Suite 302 Acton, MA 01720

➤ **Outstanding Balance Policy:**

Billing statements are sent to patients two times per month. We require that all balances be paid in full **within 30 days of receipt of your first statement**. Once a balance reaches 120 days in age, account may be sent to collections. Advance written notice will be provided. If there is a financial hardship or if unable to pay the balance in its entirety, please contact our billing department to discuss payment options.

**Insurance Claims:** Insurance is a contract between the patient and their insurance company. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Any deductibles, co-pays, or co-insurance must be paid to Achieve Physical Therapy per the patient's contract with the insurance company.

**Out of Network/No Insurance Policy:** If we are out of network with your insurance company and your insurance pays you directly for services rendered, you are responsible for payment of services and agree to pay us directly. If you do not have insurance coverage, please speak with our billing department to discuss payment options.

**Minors and Dependents:** Parents/guardians are responsible for payment for their dependents at the time of service.

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### **CLINIC POLICIES/PROCEDURES**

**On Time Policy:** I agree to arrive on time for all of my appointments. I will call Achieve Physical Therapy, LLC if I think I will be late for an appointment. If I arrive late for my appointment, I understand that my treatment may be condensed so that subsequent patients are not kept waiting due to my tardiness.

**Missed Appointment Policy:** I agree to attend all of my scheduled appointments. In the event that I cannot attend an appointment, I agree to provide 24 hours notice so that another patient may use my appointment slot. I understand that a \$50.00 fee will be assessed for each appointment that I schedule but do not attend, or that is rescheduled with less than 24 hour advance notice. Achieve Physical Therapy, LLC reserves the right to waive such fees as a courtesy in the event of severe weather, health emergencies, and special circumstances.

**Authorization for Medical Information Release:** I authorize Achieve Physical Therapy, LLC to furnish my insurance company with medical information they may request regarding my condition or treatment. Furthermore, I authorize my referring healthcare provider to release any diagnostic reports and/or surgery reports to Achieve Physical Therapy, LLC.

**Privacy Notice:** I have read and understand the "Patient Privacy Notice" for Achieve Physical Therapy, LLC.

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**Printed Name of Patient**

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**Signature of Patient/Legal Guardian/Guarantor (if under 18)**

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**Date**