



**RAINIER FAMILY**  
*physical therapy, ps*

**FINANCIAL POLICY**

**Responsible Party:** You are financially responsible for paying for PT services that are provided to you by our clinicians. If the patient is a minor, the responsible party will be the biological parent and/or the assigned representative authorized to seek medical care for the minor and is the party that brings the minor in for services. RFPT is not obligated to follow civil court decisions, including financial obligations for divorce decrees or parenting plans.

**Co-payments:** Payments are due at time of service.

**Co-insurance:** Payments are due at time of service.

**High deductible:** If you have \$1,000 or more to reach your deductible, we require payment toward the deductible at each date of service. The rate of payment is based on RFPT's cash pay pricing. Your insurance company will be billed as usual and the money paid at each date of service will apply toward the deductible as insurance processes each claim. Once the deductible portion has been satisfied, only co-payments and/or co-insurance payments will be collected at each day of service.

**Billing Statements:** You will receive a billing statement from RFPT after your insurance company has processed your claim and you have a balance. This will correspond to the explanation of benefits (EOB) that you receive from your insurance company as "patient responsibility". This balance is due IN FULL upon receipt of bill. Our office staff will acknowledge any balance owing at appointment check-in, and will accept payment at that time as a convenience to you.

**Rebilling Fee:** All balances are due and payable upon receipt of your statement from RFPT. If your account becomes 30 days past due, a \$10.00 rebilling fee will be added to your account and will continue to be added once every 30 days until your balance is paid. If you are unable to pay the entire amount due, please contact our billing department at 253-271-2038.

**Missed Appointments:** If you miss your appointment (No Show) we reserve the right to assess a \$25 fee. This fee needs to be paid in full prior to being seen for the next scheduled appointment. If the fee is assessed, and not paid and goes through a billing cycle it will incur a \$10 administrative fee. This is a separate fee from a rebilling fee.

**Cancellations:** If the scheduled appointment is cancelled after 3pm the day PRIOR to your appointment, we reserve the right to assess a \$25 fee. This will be paid in full prior to being seen for the next scheduled appointment. If the fee is assessed, and not paid and goes through a billing cycle it will incur a \$10 administrative fee. This is a separate fee from a rebilling fee.

**Returned Checks:** You will incur a minimum of \$30 Non-Sufficient Funds (NSF) fee to your account for any returned check. If RFPT incurs any fee in excess of \$30, your account will be charged the greater charge.

**Collections:** An outside collection agency is utilized if no payment has been received after three (3) contacts.

**I have read and understand the above policy. \_\_\_\_\_(Initial/date)**

2/10/2015