

**CENTURY CITY PHYSICAL THERAPY, INC. (CCPT)
FINANCIAL POLICY**

1) PAYMENT

Unless arrangements have been made prior to your first visit, we expect payment in full at the time of service. For your convenience, we accept cash, checks, or Visa and Mastercard.

**Bounced or Failed check, CCPT charges \$25.00*

2) MEDICAL INSURANCE COVERAGE

In order to bill your insurance company for your first and subsequent visits, you must provide us with all of your insurance policy information. All patients must complete CCPT, Inc's information and insurance forms before seeing a therapist. Forms that have been altered will not be accepted and will switch the account into a cash paying account effective immediately.

- a) Any balance due after your insurance company has paid their portion of your claim is your responsibility and will be due and payable immediately.
- b) If your insurance company fails to pay CCPT, Inc the amount it has agreed to pay on your claim within 45 days of the date of billing, you must either remit the full amount due immediately or provide CCPT, Inc a credit card voucher authorizing us to bill for any balance due on your account.
- c) A late charge of \$25 per month will be added to the balance after 45 days.

3) PREFERRED PROVIDER PLANS

CCPT, Inc is a Participating Provider for certain insurance plans. Please be aware that any co-payments or deductibles are due at the time of treatment. If your insurance coverage changes to a plan under which CCPT, Inc is not a Provider, the other relevant portions of this financial agreement will apply.

4) MISSED APPOINTMENTS

Please help us serve you better by keeping your scheduled appointments. If you need to cancel an appointment, you must do so at least 24 hours in advance to avoid being billed for the missed appointment. Missed appointments are billed at the rate of \$50 and are not usually reimbursed by your insurance company. The missed appointment charge is your responsibility and is due at your next scheduled appointment.

5) JOINT PAYMENTS

On occasion insurance companies will send CCPT, Inc a check on your behalf payable to both CCPT, Inc and yourself. In the event CCPT, Inc receives a check of this kind, you appoint CCPT, Inc as your attorney in-fact to endorse the check for deposit and to apply the proceeds towards your outstanding balance with CCPT, Inc.

I HAVE READ THE FORGOING FINANCIAL POLICY AND UNDERSTAND AND AGREE TO ITS PROVISIONS.

X _____ Date _____
(Signature of patient or responsible party)

RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF BENEFITS

This will serve as notice to my insurance carrier, _____ to assign insurance benefits and make
(Insurance carrier)

checks payable to Century City Physical Therapy, Inc., 2080 Century Park E, Suite 410, Los Angeles, CA 90067. I also authorize the release of any medical information necessary to process any and all insurance claims. In addition, if my insurance company does not comply with CCPT, Inc., I authorize Century City Physical Therapy, Inc. to file a complaint on my behalf to the insurance commissioner.

Name _____ Date _____ Policy # _____

Signature _____