

Camas Physical Therapy
3252 NE 3rd Av, Suite 2, Camas, WA 98607
Phone: 360-835-7427 Fax: 360-835-0653

Financial Policy

Thank you for choosing Camas Physical Therapy for your physical therapy needs. We will work closely with you and your physician to provide you with a successful plan of care. Please understand that timely payment for your treatment is an important role in the process. Your clear understanding of our financial policy is vital to our professional relationship.

Our policy states:

- All co-pays, co-insurances and deductibles are due at the time of service.
- Payment is due in full at time of services unless arrangements have been made.
- If you are unable to make full payment at the time of service please ask to speak with our Office Manager.
- We accept cash, checks or credit/debit cards
- If any portion of your account balance exceeds 60 days, you will be held responsible for this amount
- Accounts over 60 days are subject to a finance charge of 15%

Insurance

Camas P.T. accepts Medicare, all major insurance companies and numerous PPO and managed care contracts. Please be aware that some and perhaps all, of the services provided may be considered not medically necessary by your insurance provider. You will be held responsible for these charges.

Your medical insurance is a contract between you and your insurance company. We are not a party to this contract. Camas Physical Therapy will submit all claims and charges to your insurance provider as a service to you. Co-pays must be paid at the time of service in order to abide by your insurance contract. If your policy requires a referral, failure to present this prior to services rendered may result in a loss of benefits. If you need assistance in obtaining this referral please contact our front office. If payment arrangements have not been made or full payment is not received in 60 days from the date of service, your account may be turned over to a collection agency and you will be held responsible for all fees incurred.

Please be advised there will be a \$50 fee for NSF checks

Thank you for understanding our financial policies. If you have concerns please discuss them with our Office Manager or Billing Specialist.

Patient Signature

Date