

**BATTLE GROUND / RIDGEFIELD PHYSICAL THERAPY  
BILLING POLICY**

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As a courtesy to our patients, this office will automatically bill your insurance company if we are provided with all the necessary information. To avoid any confusion, our policies are listed below:

**IF YOU HAVE PRIVATE INSURANCE:** \_\_\_\_\_ initial

To ensure timely payments, you **MUST** identify the following information on the first visit:

- A. Name of insured.
- B. Policy/group number and/or claim number.
- C. Insurance address and telephone number.
- D. Provide our office with a copy of your insurance card.

If no payment is received from your insurance within 90 days, we will require a monthly payment from the patient to keep the account from going to collections (unless other arrangements are made).

**AUTO ACCIDENT CASES/THIRD PARTY CASES:** \_\_\_\_\_ initial

We will bill auto insurance (**PIP**) and other liability insurances if we are provided with the following information:

- A. Name of insured
- B. Claim number
- C. Insurance company billing address and telephone number.
- D. Adjusters name and date of accident.

***If you do not have PIP coverage and would like us to bill a third party insurance we will require a \$50 payment made at the time of your first visit and a monthly payment to be made subsequently. If/when the insurance makes a payment you will be refunded for any credit balance on your account.***

**ON THE JOB INJURIES:** \_\_\_\_\_ initial

If you are injured on the job and you have an open claim we will bill the worker's compensation insurance and no payment by the patient is required. You must provide us with your claim number, date of injury, and worker's comp insurance company. If your claim is denied by worker's compensation we will bill your private insurance – as long as you provide the pertinent information to our office. You are then responsible for any balance not covered.

**PATIENT STATEMENTS**

You will receive a monthly statement showing itemized charges and the total due on your account. If you are not insured, our staff will be glad to arrange an acceptable payment plan. No credit will be extended to patients having a delinquent account or who have previously been referred to a Collection Agency for payment. Responsibility for payment of your account remains with you at all times; and although you may have an insurance claim pending, ultimately we must look to you for payment regardless of the circumstances involved. Please contact us if a problem arises with your insurance claim.

**LATE FEES**

Any bills remaining unpaid after 90 days will be charged a rebilling fee of \$5.00 per month.

\_\_\_\_\_  
Signature – patient – parent – legal guardian

\_\_\_\_\_  
Date