



P: (207)922-4000  
F: (207)922-4012

## FINANCIAL POLICY

As a service to our patients we will bill your insurance carrier, provided that the proper paperwork and insurance information is provided to us. We will also bill your secondary insurance carrier. Please understand that insurance is a contract between you and your insurance company and it is your responsibility to make sure that any and all services provided to you are covered or it is your responsibility for payment.

You are expected to pay any co-pay, deductible, and co-insurance according to your insurance policy at the time of each visit. Every effort will be made to closely estimate your coinsurance and deductible, but the ultimate responsibility for any unpaid balance rests on you.

Balances on monthly statements are due in full unless a payment plan is set up. If there has been no payment from you after 3 billing statements have been sent, you will be sent to a collection agency, and you will be charged a \$150.00 collection fee.

*Signing below indicates you understand and agree to the terms of this policy.*

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



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## CANCELLATION POLICY

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable, however, advance notification allows us to fulfill other patient's scheduling needs and keeps the clinic operating at its most efficient level. Due to our one-on-one 45-minute treatments, missed appointments are a significant inconvenience to your physical therapy, the clinic, and other patients.

1. Please provide our office with 24-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment may be responsible for a \$50.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
2. We reserve your 45-minute appointment time just for you. We do not double-book our patients so that we may provide optimum treatment outcomes for all our patients. 24-hour notice allows us to place another patient in your cancelled appointment period to receive needed treatment.
3. Certain accident claims adjusters expect regular attendance to physical therapy as a requirement of an approved treatment plan. If appointments are missed or cancelled on a regular basis it could affect the status of your claim. Your treatment plan has been established to get you back to your regular activities as quickly as possible. Missing appointments hinders that process and may end up prolonging recovery.
4. After missing two appointments without notice, we reserve the right to discontinue care and will inform your physician of the fact that your service has been discontinued due to noncompliance with the prescribed rehabilitation order.

We appreciate you greatly as a patient and strive to accomplish great results and success for you.

*Signing below indicates you understand and agree to the terms of this policy.*

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_