

# Vail Physical Therapy

## Financial Policy

Please read over our financial and cancellation policies, and sign the form indicating you agree.

We emphasize that, as healthcare providers, our relationship is with you, not your insurance company. We will bill your insurance company providing you give us an accurate, legible copy of your current insurance card (both sides) at your first appointment. We do not take any responsibility for any denial of claims by your insurance company (including but not limited to): denials due to lack of authorization, pre-authorization, limitations on your insurance policy, or because of any delays in receiving your health insurance information. Verification of your insurance benefits does not guarantee payment by your insurance company. You are responsible for understanding any/all limitations on your insurance policy, including visit limits/caps on amount paid, etc.

I hereby guarantee payment of physical therapy expenses while at Vail Physical Therapy, LLC. I am the patient/legal guardian/parent etc. for the above patient and accept legal responsibility for all expenses. I understand that I am financially responsible to Vail Physical Therapy, LLC for any/all expenses incurred, including those not covered by or paid for by my insurance company. I also understand that I am financially responsible if a problem develops with my insurance carrier and payment is not made within 60 days. Should this account become delinquent, I understand that I will be responsible for any and all collection/attorney/filing fees incurred in trying to collect payment. I verify that the above information is current and accurate. I have read and agree to the statement above and I am seeking treatment voluntarily. My signature authorizes payment of any insurance benefits to the supplier of services (I assign any/all benefits directly to Vail Physical Therapy, LLC.).

Vail Physical Therapy asks for reserves the right to charge:

**\$50.00 for appointments not canceled with at least 24-hour notice**

I understand and agree to Vail Physical Therapy's Financial Policy.

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Patient or Guardian of Patient

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Date