

**PATIENT PAYMENT POLICY**

At Scarborough Physical Therapy Associates we are committed to providing quality care and customer service. For your convenience, we accept cash, checks, Visa and Master Card.

The following is a statement of our Patient Payment Policy, which we ask you read and initial prior to your first appointment.

**CO-PAYS**

- Your insurance **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.
- In the event a patient's co-pay balance exceeds \$100.00, the patient must pay the balance in full or SPTA reserves the right to discontinue physical therapy services. SPTA will make every reasonable attempt toward collections and work with the patient to initiate a good faith payment plan.

**DEDUCTIBLES**

- Deductibles and co-insurance will be collected from the patient as directed by the Insurance Company.
- In the event the patient's balance consisting of deductible and co-insurance exceeds \$250.00 the patient must pay the balance in full or SPTA reserves the right to discontinue physical therapy services. SPTA will make every reasonable attempt toward collections and work with the patient to initiate a good faith payment plan.

**MISSED APPOINTMENTS**

- We require 24-hour notice for all cancellations.
- If you miss your scheduled appointment time, without giving prior notice of cancellation, a \$25.00 "No Show" fee will be charged to your account. Said charge is not covered by insurance and will be the patient's responsibility.

Thank you for reviewing our Patient Payment Policy. Please let us know if you have any questions or concerns.

I have reviewed and understand SPTA's Patient Payment Policy as described above.

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Initials of Patient or Responsible Party