



KETHLEY Physical Therapy

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INSURANCE AUTHORIZATION PHYSICAL THERAPY FINANCIAL POLICY

INSURANCE AUTHORIZATION:

I authorize Kethley Physical Therapy to release medical information that may be necessary to request reimbursement from insurance companies to whom I have submitted a claim. I assign all medical benefits to which I am entitled to Kethley Physical Therapy. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

PHYSICAL THERAPY FINANCIAL POLICY:

Insurance plans sometimes have limits and/or maximum allowed charges on physical therapy treatment and services. There may be limits on the number of visits your insurance company will cover per year. ***Know your plan benefits. YOU are responsible for payment regardless of your insurance benefits.*** If your plan does have limits or maximums, you will be expected to pay at the time of service when you reach these limits. You need to be aware if you have had any previous physical therapy, occupational therapy, speech therapy or chiropractic treatments since insurance companies sometimes consider these as the same type of care and will count toward the total number of visits for benefits. If you have any questions regarding your coverage for these services, please call your insurance company for clarification.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES REGARDLESS OF MY INSURANCE BENEFITS.

Please sign that you have read and agree with the above Authorization and Financial Policy.

Patient/Guardian Signature

___/___/_____
Date

Witness Signature

___/___/_____
Date