

SWAN REHAB, LLC

Payment Policy

Thank you for choosing Swan Rehab, LLC. We are committed to providing you with the best treatment possible. Please review our brief explanation of our payment policy & procedures below. If you have any questions, please ask one of our staff to assist you with an explanation. After you have read this document in its entirety, please sign below. Your signature constitutes an agreement to the procedures and policies of our practice.

Thank you,
Swan Rehab, LLC

DEFINITIONS

IN NETWORK- We refer to “in network” as the insurance companies that we have a contractual agreement. If a facility is “in network” they have agreed upon a pay scale with the insurance company. In other words, the facility has agreed to a discounted rate for members of the insurance carrier with whom they are contracted.

OUT OF NETWORK/ NON- PARTICIPATING INSURANCE: If we are not in network with your insurance carrier, we will bill your carrier as a courtesy (**this includes Secondary Insurance**). If payment is not received within 60 days, the balance becomes your responsibility. You, the patient, will have to contact your insurance company to determine why payment has not been made. Please be aware, you may incur more out of pocket expenses for seeing a facility that is out-of-network. It is your responsibility to check with your insurance company for benefits.

ACCEPT ASSIGNMENT DEFINITION: Accept assignment means that we agree to accept check payments from the insurance company for services rendered.

FINANCIAL POLICIES AND PROCEDURES

We believe that all patients who come to this office deserve the best care that can be provided. In order for us to provide you with the highest quality care and current technology, we must insure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy.

PAYMENT AT THE TIME OF SERVICE: As a courtesy, we will bill your insurance for all office visits. However, we ask that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service, unless otherwise specified in policies of Swan Rehab, LLC.

SUBMISSION OF CLAIMS: We will submit your insurance claims. However, it is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

BALANCES DUE AFTER INSURANCE PAYS: If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payment arrangements can be made for special circumstances by contacting the office manager within 30 days of the receipt of the invoice. It is your responsibility to make contact with our office to make special arrangements.

OUTSTANDING BALANCES: We urge you to keep your account current to avoid any misunderstandings with our office. All account balances past due over 180 days will be sent to an outside agency for collections. At that point, the account is out of our hands. If you need to make special arrangements, it is your responsibility to contact the office manager before your account is sent to an outside agency.

PAYMENT ARRANGEMENTS: Under special circumstances, payment arrangements can be made. These arrangements are made with the Office Manager. Our office can set this up for you as a courtesy. You will be sent a monthly statement. However, it is your responsibility to know your monthly due date, which will be determined at the time of your payment arrangement is set up. After the second missed payment, the account will be sent to an outside agency for collections.

PAYMENT OPTIONS: Our office accepts Visa and MasterCard. Our office also accepts checks or cash. There will be a \$20 fee for all returned checks.

MEDICARE PATIENTS: If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the 20 percent. A Payment plan can be set up for special circumstances.

CASH PAYMENT: At times you might have a co-pay or deductible that require payment at the time of service.

BILLING PROCEDURE: You will receive a statement with your remainder balance once a reply is received from your insurance company.

SELF PAY: If insurance does not cover your therapy and you are a self-paying, all payments will be due at the time services are rendered unless you have made arrangements with the office manager.

Thank you for allowing us the opportunity to service you. Please sign and date this form. If you have any questions, please ask for assistance.

Signature _____ Date _____

Relationship to patient: _____