

**LINDA'S CENTER, INC / PUYALLUP
WELLNESS THROUGH MOVEMENT, INC. / FEDERAL WAY
253-848-9769**

FINANCIAL AGREEMENT

Please read and check the boxes, indicating you understand our policy

- () Know your insurance coverage before you come for treatment. Even though you have insurance, there is **NO GUARANTEE** that Physical Therapy is covered. You are ultimately responsible for the provided treatment. Your insurance policy is a contract between you and your insurance provider. It is up to you to know the services provided and covered by your policy. You need to know if you are required to have a ***prescription or prior authorization*** for Physical Therapy. **Please ask.**
- () We will bill your primary insurance company. If you have secondary insurance, please notify us on your first visit. If our system does not automatically bill your insurance company, you are responsible for submitting the claims.
- () Please come prepared to pay your deductible, co-pay or co-insurance at the time of service. We accept cash, check, debit, Visa and Master Card.
- () Due to the nature of the practice, we **must strictly enforce our cancellation policy.** You are responsible for calling us and canceling your appointment within 24 hours. If we have not received notification by phone within this time period, we will charge your account the price of the session, which is currently \$105.00. Exceptions are made only for personal and family illnesses and emergencies. **Please, no emails to cancel an appointment.**
- () If you show up late for an appointment, you will lose your full treatment time. There will be a prorated charge for the time missed. We make every effort to keep on schedule. However, if we are running late, there is no charge.
- () We are committed to your health care. If you have more than 2 missed appointments, you will be automatically discharged.
- () It is to your advantage to pay charges you are responsible for at the time of service. Any balances due after 30 days will be assessed interest at 18% per annum.
- () Any balances uncollected after 90 days will be turned over to an agency for collection. We are willing to make payment arrangements with you if terms are mutually acceptable.

Signature _____ Date _____