



FINANCIAL POLICY

Thank you for being a valued patient of SOZO Physical Therapy! Please take a moment to review and sign our policies.

Insurance/Financial Policies

_____ Initial

- We are contracted with most insurance plans. These plans may have co-payment, co-insurance or deductible. Co-payment is due at the time of service. Payment plans for non-covered services or cash pay can be arranged.
- Each insurance plan is different and has its own policies on what is and is not a covered benefit. It is your responsibility to know what is covered (we would be happy to verify your benefits as a courtesy, although benefits change and may not be guaranteed at time of service, therefore falls under your responsibility), and which benefit fall under your plan.

Delinquent Accounts

_____ Initial

- Account balances should be paid within 30 days of the account statement. A late fee of \$15.00 will be assessed after for each month.
- Outstanding balances past 90 days will be transferred to a collection agency, unless prior arrangements have been made with us.

Cancellation of Appointments/No Show Policy

_____ Initial

- When an appointment is not kept, it creates an unused appointment slot that could have been used for another patient. It is very important that you notify us if you are unable to make your appointment.
- If for any reason you need to cancel or reschedule an appointment, please notify our office 24 hours in advance to avoid a fee of \$30.00.
- A no-show occurrence will be subject to a \$30 charge for an office visit.

Returned Checks

_____ Initial

- There will be a \$35.00 service fee for any check returned for insufficient funds.
- After 2 returned checks, we will not longer accept checks as your form of payment.

Concerns: If you have any concerns, please feel free to speak to our office manager so that we may address any issues. Thank you for being a valued patient.

I have read and understand the above policies.

Patient Signature

Date