



## Billing & Financial Policies

*As a courtesy to our patients, Comber Physical Therapy & Fusion Chiropractic will bill your insurance company if we are provided with all the necessary information. To avoid any confusion, our policies are listed below.*

**IF YOU HAVE PRIVATE INSURANCE: Initial \_\_\_\_\_**

(Example: Medicare, Blue Cross Blue Shield, UHC, Aetna, etc)

To ensure timely payments, you MUST provide us the follow information on your first visit:

- Name and Date of Birth of Insurance Policy holder
- A copy of your current Insurance card(s)
- A copy of a valid photo ID

If no payment is received from your insurance within 45 days, we will require payment from the patient to keep the account from going to collections (unless other arrangements are made).

**ON THE JOB INJURIES (WORKER'S COMP): Initial \_\_\_\_\_**

If you are injured on the job and you have an open claim, we will bill the worker's compensation insurance and no payment by the patient is required. You MUST provide us with the follow information on your first visit:

- Worker's Compensation insurance company
- Claim number and date of injury
- Name and contact information of case manager

If your claim is denied by worker's compensation, we will bill your private health insurance, as long as you provide our office the pertinent information listed above. You are then responsible for any balance not covered.

**AUTO ACCIDENTS / THIRD PARTY CASE: Initial \_\_\_\_\_**

We will bill auto insurance and other liability insurances ONLY IF we are provided with the following information, AND the insurer agrees to pay Comber Physical Therapy & Fusion Chiropractic directly.

- Name of insured
- Claim number and date of accident
- Insurance company billing address
- Name and contact information of case adjuster

In cases where an attorney is involved, we require a Lien Agreement be signed to protect any balance for services provided. If your attorney refuses to sign the lien, you must find other means of paying. Also, if your attorney refuses to sign the lien agreement and no payment has been made by any party within 45 days, we require a monthly payment to keep the account from going to collections (unless other arrangements are made).

**CASH PAYMENTS: Initial \_\_\_\_\_**

As a courtesy to our patients who do not have health insurance coverage, we offer a standard rate of \$85.00 per visit for cash payment. Payment MUST be received on the day services are performed. We offer discounted rates for pre-payment options.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Printed name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Witness