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ELITE PHYSICAL THERAPY, LLC



ELKRIDGE OFFICE
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Conditions for Physical Therapy Treatment

Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient he/she hereby individually obligates himself/herself to pay the account to Elite Physical Therapy, LLC. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate.

Assignment of Insurance Benefits

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to Elite Physical Therapy, LLC for any insurance benefits otherwise payable to or on behalf of the patient for these outpatient services. It is agreed that payment to Elite Physical Therapy, LLC pursuant to this authorization, by an insurance company, shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not paid pursuant to this assignment.

Health Care Service Plan Obligation / Disclosure Statement

Elite Physical Therapy, LLC maintains a list of health care service plans which it contracts. A list of such plans is available upon request. Elite Physical Therapy, LLC has no contract, express or implied, with any plan that does not appear on the list. Due to the wide variation of healthcare benefits, your healthcare plan may not authorize reimbursement to Elite Physical Therapy, LLC for services rendered to you and/or your dependent(s). Outpatient visits may require a referral and/or authorization from your primary care physician. In the event that your healthcare does not pay for this visit, you will become financially responsible for all charges incurred. Determination of healthcare plan coverage will be made retrospectively by your healthcare plan, and you will be notified by mail if the services provided were not covered under your healthcare plan benefit. Elite Physical Therapy, LLC will perform telephone confirmation of benefits with your healthcare plan, but such confirmation is only a courtesy to you and should not be relied upon as actual coverage, as such confirmation may be inaccurate or later withdrawn.

Statement of Understanding

I have read the above information and my signature below acknowledges my understanding of my financial responsibility in the event of my healthcare plan does not cover the services I received at Elite Physical Therapy, LLC. The undersigned certifies that he/she has read the foregoing, receiving a copy thereof, and is the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accepts its terms.

Financial Responsibility Agreement by Person other than the Patient, or the Patient's Legal Representative: I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Care Service Plan Obligation provisions above.

Date

Printed Name

Signature