



## Insurance and Cancellation Policies

### PATIENT INSURANCE REIMBURSEMENT AGREEMENT

At Bodies In Balance we respect our patients and are committed to providing exceptional care at each appointment as an in-network provider for the majority of insurances. In return, we appreciate your respect, understanding and commitment to the following policies:

1. As a courtesy to our patients we will contact your insurance carrier to obtain your up-to-date "physical therapy benefits in an office setting". HOWEVER, we insist that you also contact your insurance company for up-to-date information on both your annual deductible as well as your office visit co-pay/co-insurance.
2. At the time of service, you are responsible for payment of your annual deductible and co-payments/co-ins.
3. We will bill your insurance for all treatments provided. If your insurance carrier denies payment, (reasons can include our payment went to your deductible, treatment deemed not a covered benefit, or any other reason) you acknowledge and accept that you will pay fees for all services.  
Please be willing to help facilitate payment of claims by contacting your insurance carrier when necessary.

Again, as a courtesy, we will contact your insurance carrier to obtain your physical therapy benefits. Bodies In Balance is not accountable for the accuracy of the information provided by your medical insurance. It is the patient's responsibility to contact their insurance to understand their benefits and charges for PT services.

\_\_\_\_\_  
Patient /Guardian Signature:

### CANCELLATION, NO SHOW AND LATE POLICY

At Bodies in Balance we emphasize personal attention and personalized treatment to meet your needs. We therefore reserve your appointment time solely for you. When a patient cancels last minute or does not show up for their appointment time that appointment is lost for the treatment of other patients wanting our services.

A missed appointment also interrupts your rehabilitation program and, in partnership, we become less effective in reaching your goals and the goals of the referring physician. If you are late for an appointment, you will be seen for the remainder of your scheduled appointment time so that we do not inconvenience other patients scheduled for that day.

As a courtesy to our staff and patients, **please call us to cancel at least 24 hours in advance of your scheduled appointment time. Without proper notification, a fee of \$50.00 will be charged.**

\_\_\_\_\_  
Patient /Guardian Signature: