

Active Life Physical Therapy and Injury Care Financial Policy

At Active Life Physical Therapy and Injury Care, we are committed to providing you with our highest quality of care. As part of this commitment, we have established a sustainable financial policy that ensures transparency and understanding regarding the payment for our services.

Payment Due at Time of Service: Payment is due in full at the time services are rendered unless other arrangements have been mutually agreed upon in writing, in advance.

Accepted Payment Methods: We accept various forms of payment, including cash, checks, and major credit cards (Visa, MasterCard, American Express, Discover). We also accept payments through certain healthcare financing options, which will be discussed upon request. We do not accept e-credit cards from health insurance plans. They will be returned to sender and the account will be marked delinquent after thirty days.

Insurance Claims: While we do accept many insurance plans, it is the responsibility of the patient to verify that our services are covered under their plan. Patients are responsible for any co-payments, deductibles, non-covered services and co-insurance percentages as specified in our contract with the plan. We will file insurance claims; however, the patient remains responsible for the payment of all services after thirty days from the date the claim has been submitted to your insurance electronically with a receipt from the clearinghouse.

Outstanding Balances: If your account goes delinquent for any reason, any outstanding balances must be paid prior to receiving additional services unless other arrangements have been agreed to in writing. If an account becomes delinquent, it may be referred to small claims court, and the patient will be responsible for any associated collection fees and court costs.

Payment Arrangements: We understand that patients may on occasion experience financial difficulties. If you are unable to pay in full at the time of service, please speak with our billing manager prior to your appointment to discuss potential payment arrangements.

Cancellation and No-Show Policy: We require at least 24 hours' notice for cancellations or rescheduling of appointments. Failure to provide adequate notice or missed appointments may result in a \$50 fee per occurrence and after several missed appointments, we may dismiss you from our practice. Fees will be due and payable regardless. On rare occasions, missed appointment fees may be waived at the discretion of the Administrator if the reason was due to extenuating circumstances.

Dishonored checks and credit card payments

Any check returned by the bank or dishonored credit card payment will result in a fee. According to Utah law, the maximum penalty assessed for a returned check is \$20 or the actual amount charged by the financial institution, whichever is greater. Additionally, if the returned check is not paid within 15 days after a written notice, we may impose a collection fee of up to \$35. For dishonored credit card payments, a fee of \$20 will be assessed. All fees incurred due to dishonored payments are the responsibility of the patient.

By signing below, you acknowledge that you have read, understood, and agree to comply with the terms of this financial policy. If you have any questions or need further clarification, please feel free to contact our office.

Patient Name: _____

Signature: _____

Date: _____

Thank you for choosing Active Life Physical Therapy and Injury Care. We appreciate the opportunity to serve you and are dedicated to helping you achieve your health and wellness goals.