



Health Insurance Disclaimer

As a service to our patients/customers, Reclaim Physical Therapy will verify your insurance electronically or by contacting your insurance company via the member services phone number on your insurance card.

Despite our best efforts, we cannot guarantee the information provided to us by you the patient or the insurance company representative is 100% correct, and thus cannot be held accountable for any costs accrued by the guarantor/patient/guardian. As with any other medical practice, it is the sole responsibility of the party receiving the service(s) to know the benefits of their policy.

Per your insurance verification, your coverage is as follows:

Remaining deductible: _____

Per visit cost until deductible met: _____

Co-payment: _____

Co-insurance: _____

Maximum out-of-pocket expense: _____

If you have any questions regarding co-payments, deductibles, or co-insurance, Reclaim Physical Therapy STRONGLY recommends that you review your insurance benefits or contact your insurance provider for details regarding your policy. It is the responsibility of the patient to provide updates or changes to your insurance policies immediately, as it may result in accrued to cost to the patient/guardian.

****Co-payments, co-insurance, and deductibles will be collected from the patient at the time of service or routinely via securely stored credit card information on file.

Co-payments, co-insurance, and deductibles must be collected from all patients as we are contractually obligated to collect this fee by your insurance company. If you have been injured, and are being represented by an attorney, we are still required to collect this fee prior to the settlement of the lawsuit. Receipt of payment can be provided upon request for reimbursement to be included in cost of care for settlement purposes.

By signing below I, (print name) _____, certify that I have read and agree to the above terms/statements.

Signature: _____

Date: _____