



Payment Policy

Advanced Physical Therapy of Newton believes that part of a good physical therapy practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you. In addition, we want you to completely understand our financial policy.

1. **Payment is expected at the time of your visit.** We accept cash, check and major credit cards. We do reserve the right to charge a \$30 returned check fee for any check that is returned for insufficient funds.
2. **In-Network insurance plans:** Patients are required to provide accurate health insurance information at their initial visit. We will verify your insurance coverage, however; it is the patient's responsibility to know their insurance benefits and policy requirements. **Verification of insurance coverage does not guarantee payment for treatment rendered and the patient is ultimately responsible for payment of balances due on their account.** It is the patient's responsibility to notify Advanced PT of Newton of any changes in health insurance coverage. ****Medicare patients:** Please note that Medicare has a yearly deductible and a patient responsibility of 20%. Advanced PT of Newton will bill any secondary insurance to cover the 20% patient responsibility.
3. **Copays and deductibles:** **The patient is responsible for any co-payments, deductible, and co-insurance at the time that services are rendered.** Patient deductibles, co-insurance and non-covered services must be paid within 30 days of a billing statement unless previous a agreement has been made with the Patient Benefits Representative.
4. **Workers compensation/MVA-no fault:** Advanced PT of Newton will attempt to pre-authorize any treatment through your Worker's compensation/No fault carrier. In the event that your case is determined to be closed, or that benefits are denied/exhausted, the patient will be fully responsible for services rendered.
5. **Self-pay patients:** If a patient does not have insurance coverage, he/she is responsible for full payment at the time of services rendered, unless an agreement has been made with the Patient Benefits Representative.
6. **Assignment of Insurance benefits:** By signing this you hereby authorize your insurance company to make payments to Advanced PT of Newton for services rendered to you or your insured dependent. **If payment is not made on account within 90 days of statement or financial agreement is broken, you will be subject to collections.**

By undersigning, you acknowledge that you have read and understand Advanced PT of Newton's payment policy form and accept financial responsibility for all services rendered during your course of treatment.

Print Patient Name

Patient Signature (Parent/guardian)

Date