



Patient Name _____ Date _____

Thank you for choosing Integra Rehabilitation Physicians as your healthcare provider. It is the policy of this practice to provide the finest quality of medical care available and at the same time be sensitive to cost containment. In an effort to be fair to all patients, we have adopted the financial policy as outlined below.

Please take time to read this policy in its entirety.

Regarding Insurance:

Your insurance identification card is required at the time of each service. Verification of coverage will be attempted at or prior to your initial appointment. However, if we are unable to reach your insurance company representative to verify coverage, you will be asked to accept full responsibility for your account if insurance fails to pay. Insurance verification is not a guarantee of coverage or payment. If you are uncertain as to what items are covered or what you will be responsible for, please contact your insurance representative for assistance.

(Initials) If your insurance company/employee benefits plan has not paid for service within 45 days of being filed, the balance will become your responsibility. At that same time you will be billed for any unpaid services and payment will be due in full. If your insurance pays after you have paid, you will be reimbursed.

(Initials) Co-payments, co-insurance and deductibles are due on the day services are rendered.

No Show/Late Cancellations:

(Initials) There is no charge for appointments that are rescheduled or cancelled at least 24 hours prior to the scheduled time. Appointments that are not rescheduled or cancelled at least 24 hours PRIOR to the scheduled time will be charged a \$50.00 missed appointment fee.

Late Policy:

(Initials) Patients arriving more than 10 minutes after their scheduled appointment time will be asked to reschedule.

Appropriate conduct:

(Initials) We try to cultivate a positive and healing environment fostering mutual respect. Disrespect and or verbal aggression will not be tolerated. You may be discharged from the practice should this occur.

Letters and forms:

(Initials) Forms/letters will be completed upon request. All forms/letters will require 5 business days for completion. There will be a \$50.00 fee per form or letter.

Medication refill:

(Initials) Refill requests are processed Monday-Thursday. Standard medication refill requests require 3 business days for completion. Controlled substance medication refills require 7 business days prior notice. No refills will be processed Friday - Sunday or over holidays.

Returned check policy:

(Initials) Returned checks will be charged back to the patient's account with an additional service fee of \$30.00.

HIPAA Privacy Notice:

(Initials) I have been provided a copy of Integra Rehabilitation Physicians notice of privacy.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Relationship to patient: _____