

Pinnacle Sports Performance & Rehabilitation

Financial Policy

Thank you for choosing Pinnacle Sports Performance & Rehabilitation. We welcome you to our practice. Please read and sign this document acknowledging that you understand your financial responsibilities associated with your future care and treatment.

1. There is a \$25 fee for any appointment that you do not keep without a 24 hour notice of cancellation.
2. There is a \$30.00 for returned checks.
3. A \$10-\$25 Fee will be charged per form requested to be filled out (FMLA, Disability, etc.).
4. For your convenience, we accept Cash, Check, Visa and MasterCard. Phone payments can be processed during business hours by calling 512.329.5500.
5. If you receive a statement from Pinnacle Sports Performance, the balance is due within 30 days of receipt. Otherwise, a practice payment plan is required. If no payment plan is established, or is not adhered to correctly the practice will then consider your account for an outside collection agency.

Insurance: Our office participates with numerous insurance companies. Should your insurance be with one of these companies we will bill your insurance carrier along the guidelines of our contract. Co-pays, co-insurances, deductibles, and non-covered services are the responsibility of the patient and payment is expected at the time services are rendered.

If you have coverage with a plan in which we do not participate, we ask that payment be made at the time services are rendered and your insurance company with reimburse you any amount due. As a courtesy to our patients, we will submit a claim to your insurance company.

You are responsible for obtaining a properly dated referral/authorization if required by your insurance carrier and you are responsible for payment if you claim denies for lack of one. Failure to provide accurate insurance information within 15 days from the date of service will result in the balance becoming your responsibility.

Any disputes about payment must be resolved between you and your insurance company. If you are not sure that we are participating providers for you insurance plan, please contact your insurance carrier directly. Our agreement is with you, not your insurance carrier. Although we will submit a claim to your insurance carrier, you are ultimately responsible for the services you receive. Payment to our office is neither contingent nor dependent upon your insurance carrier.

Workers' Compensation: All treatment will require pre-authorization (often times in writing) from your employer's workers' compensation insurance adjuster. Our practice will do our very best to ensure that pre-authorization is requested from these outside entities as soon as possible. Once proper authorization has been obtained, we will contact you to schedule an appointment.

COBRA Plans: If you are currently on a COBRA plan through your employer, please be aware that you are responsible for the verification of coverage. In the event that you are unable to provide documentation showing current coverage, you will be held responsible for all charges incurred at the time services are rendered.

Private Pay: We offer a private pay discount for those patients without medical insurance. To utilize this discount payment is required in full at the time services are rendered.

I have requested medical services from Pinnacle Sports Performance & Rehabilitation on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment. I further understand that fees are due and payable on the date services are rendered. A photocopy of this authorization is to be considered as valid as the original.

I have read and understand the Financial Policy of Pinnacle Sports Performance & Rehabilitation:

Patient/Responsible Party Signature

Date

Please Print Patient/Guardian's Name