



Physical Therapy and Rehab Clinic, Inc

6300 Westpark, Ste 212 Houston, Texas 77057
713-339-2273 Phone 713- 339-1130 Fax

Financial Policy & Patient Responsibility

HealthRite Medical & Rehabilitation is committed to providing our patients with the highest quality care. We thank you for taking the time to read and understand this policy.

It is the Patients Responsibility:

- To know their insurance policy. Patients should be aware of their coverage including which healthcare providers are contracted with their plan, covered and non-covered benefits, authorization requirements and cost share information such as deductibles, coinsurance and co-payments. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- To obtain a referral from their Primary Care Physician (PCP) and/or obtain authorization for treatment from their insurance carrier prior to receiving services. Any non-covered services are the financial responsibility of the patient.
- To pay their co-payments at the time of service.
- To pay any Medicare deductible and co-insurance amounts not covered by supplemental insurance.
- To promptly pay any patient responsibility indicated by their insurance carrier.
- To facilitate in claims by payment by contacting their insurance carrier.

When it is HealthRite Medical & Rehabilitation responsibility:

- To provide quality care.
- To file insurance claims as courtesy to the patient. A 60 day period will be extended for pending insurance payments, after which the patient may be held responsible for the balance.

Financial Policy Acknowledgment:

I have read and understand the above financial policy. I understand that, regardless of my insurance claims status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered.

Patient or Responsible Party Signature

Date

Release of Medical Information and Assignment of Benefits:

I authorize the release of medical information necessary for filing health insurance claims for me by HealthRite Medical & Rehabilitation. I authorize my insurance carrier(s) to make payment directly to **HealthRite Medical & Rehabilitation, P.O. Box 271049 Houston, TX 77277-1049.**

Patient or Responsible Party Signature

Date