



Vibrance Physical Therapy and Wellness

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FINANCIAL POLICY STATEMENT

Welcome to Vibrance Physical Therapy and Wellness! We look forward to providing healthcare to you. The policies listed herein are instituted with the goal of providing the finest service and care to our patients at a cost regulated to be usual and customary by the State of Oregon.

It is the expectation that all patients/responsible parties receiving services are financially responsible for the timely payment of all charges incurred. While we will file requests with verified insurance companies for payment of patient bills for services as a courtesy to the patient, you are ultimately responsible for payment in accordance with the regular rates and terms of the practice in effect at the time of service. Copays and deductibles of patients with insurance company coverage are due at time of service. Patients without insurance coverage are required to pay their charges at the time of service.

Payment is accepted in the form of cash, checks, Visa, and MasterCard.

Cash Pay

We also offer the option to be seen at our private pay rate for patients that prefer cash pay. Payment is collected at the time of service and you are provided a receipt that you can self-submit to your insurance company. Not all insurance companies provide reimbursement, but many will. Check with your insurance company to find out whether they will reimburse you directly. Vibrance Physical Therapy and Wellness is not responsible for any claims not accepted by your insurance company.

Patient Responsibility

Balances after insurance are due within 30 days of the insurance payment. Accounts with balances of 30 days will be subject to interest charged at 9% at the end of each month. Statements are sent out on a monthly basis and it is required by the clinic that balances be paid within 30 days of the statement date. Past due accounts which have not contacted our office to set up payment arrangements may be sent to an outside collection agency for account receivable assistance. By accepting the service(s), the patient/responsible party is responsible for payment regardless of the insurance coverage. Checks returned for Non-Sufficient Funds (NSF) are subject to a reprocessing fee of \$25.00.

Attendance Policy

When you reserve a specific time on the schedule that time belongs to you. Our practice has an obligation to not schedule anyone else during that time. Vibrance Physical Therapy and Wellness is a busy practice and we require a notice by phone not less than 24-hours in advance should you need to cancel or re-schedule an appointment. If you miss an appointment and fail to contact our office as required above, you may be charged a cancellation fee of \$50.00. If you arrive more than 15 minutes late for your appointment, we reserve the right to cancel your appointment.

I have read the Financial Policy Statement and agree to the payment policies and understand my responsibilities as a patient of Vibrance Physical Therapy and Wellness.

Patient Name: _____ Date of Birth: _____ SSN: _____

Signature of Patient or that of Responsible Party: _____ Date: _____