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PATIENT REIMBURSEMENT AGREEMENT

At Bodies In Balance we respect our patients and are committed to providing exceptional care at each appointment. In return, we appreciate your respect, understanding and commitment to the following policies.

As a courtesy to our patients, we will contact your insurance carrier to obtain your physical therapy benefits. However, we are not accountable for the accuracy of the information provided. It is your responsibility to contact your insurance carrier to understand and confirm benefits and charges for services rendered.

We will also bill your insurance carrier for all treatments provided. If your insurance carrier denies payment, (payment went to deductible, treatment deemed not a covered benefit, or other reasons) you acknowledge that you will accept and pay fees for all services rendered. Please be willing to help facilitate payment of claims by contacting your insurance carrier when necessary.

Should your insurance carrier fail to pay for services within 90 days, you will be billed for all unpaid charges which are due within 60 days. Failure to pay your balance will result in collection agency assignment.

At the time of service, you are responsible for payment of your annual deductible and co-payments/coinsurance.

CANCELLATION, NO SHOW AND LATE POLICY

At Bodies in Balance we emphasize personal attention and treatment to meet your needs and reserve your appointment time solely for you. A missed appointment also interrupts your rehabilitation program and, in partnership, we become less effective in reaching your goals and the goals of the referring physician. If you are late for an appointment, you will be seen for the remainder of your scheduled appointment time so that we do not inconvenience other patients scheduled for that day.

As a courtesy to our staff and patients, **please call us to cancel at least 24 hours in advance of your scheduled appointment time. Without proper notification, a fee of \$50.00 will be charged.** Please sign below signifying that you have read and understand the above cancellation and missed appointment policy.

Patient's Signature

Date