Eastern Therapy
PT, OT and Speech
Solutions

Financial Policy

We are committed to providing you with the best care, and we are happy to assist you in receiving your maximum allowable benefits from your insurance carrier.

Payment for services is due at the time services are rendered unless other acceptable and agreed upon arrangements have been approved in advance by our staff. We accept cash, checks, Visa, MasterCard and Discover. Please be advised that returned checks and balances older than 30 days from your treatment discharge may be subject to additional collection and legal fees, as well as, interest charges of 2% per month.

If you participate with our in-network groups, we will bill your insurance company and accept assignment of benefits. We may verify your coverage and determine your out of pocket cost, and you will be responsible for any copays or deductibles at the start of each visit.

- Your insurance is a contract between you and the insurance company.
- Our fees are considered to fall within the acceptable range by most companies, and are covered up to the maximum allowance determined by each carrier.
- Not all services and diagnosis codes are a covered benefit in all insurance contracts.
- We will not compromise patient care based on an insurance company's “fee schedule”.
- Verification of your insurance benefits is not a guarantee that payment will be made.

In cases involving Auto Claims and Workers’ Compensation, we will only accept payment directly from the patient or from their insurance company and will arrange to accept payments from attorneys on a case by case basis. If a patient has instructed their insurance company to send payment to their attorney, the patient will be billed and held solely responsible and accountable for their bill. We will accept settlements on auto accounts only after prior approval and a letter of protection is on file.
We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance.

By signing below, you give Eastern Therapy Solutions permission to file an insurance claim on your behalf for any billable services and are agreeing to the terms of this policy.

Patient/Guardian Name: _________________________________ Date: ___________________

Signature: ____

We look forward to making your progress our priority!