

# LIBERTY REHABILITATION SPECIALISTS, INC. FINANCIAL RESPONSIBILITY POLICY

## TO OUR VALUED PATIENTS:

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due on each visit for charges incurred up through your last visit. We accept cash, checks, MasterCard, VISA, Discover and American Express. We bill electronically to expedite payment of claims. If you have an insurance that requires a paper claim to be completed, we will gladly mail the form along with the claims; however, you are responsible for completing the claim and making sure that you have signed it.

## PLEASE READ CAREFULLY:

1. Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. This only applies to companies who pay a percentage (such as 50% or 80%) of U.C.R. "U.C.R." is defined as usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. **These particular services, if any, are your responsibility.**
4. Medicare patients are responsible for all co-pays and deductibles. **Medicare recipients, please sign below:**  
**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**
5. If this injury is work related, and a **Workers Compensation** claim has been initiated, a Pre-certification for authorization is required by this office. This process may take 24-72 hours. We require on your initial visit, that you provide us with your medical insurance to insure payment of the account if your case is not allowed. Please provide us with your current Claim Number, date of injury, name and phone number of your adjuster, name of your employer, and the name and address of the insurance company that we will be forwarding claims to on your registration form.
6. For **Liability** cases, if you have an attorney, it is the policy of this office that a Letter of Protection (LOP) must be completed by your attorney **BEFORE your initial visit for evaluation or treatment. Without this Letter of Protection, you become responsible for the account in full.** We also accept **Personal Injury Protection (PIP)** claims up to \$2,500.00. We require the name of your insurance company, a current Claims number, date of injury and the name and phone number of your adjuster. **We do not accept Third Party Liabilities.**
7. Our **office requires a 24-hour notice for cancellation of appointments;** you can call and leave a message on the answering machine if needed. We realize conflicts with work, other activities, or unexpected illnesses may require you to call and reschedule, however, **there will be a \$25.00 charge for a missed appointment without proper notification to our office.**

Again, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. 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 in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please don't hesitate to ask us. We are here to help you!

**I have read the above policies and I agree to abide by them.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**