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## **Insurance and Patient Responsibilities**

Thank you for choosing Beyond Limits Rehabilitation for your therapy needs. We are committed to providing the highest quality of care for our patients. In order to do so, we need your assistance and acknowledgement of our policies.

### **Insurance/Billing Policies**

- Please provide us with the most recent copy of your insurance card(s) and a photo ID. If you are the insurance subscriber, we will need the name, date of birth and employer information concerning the subscriber.
- You authorize the payment of medical benefits to Beyond Limits Rehabilitation. You understand that you are financially responsible for all co-payments, deductibles, co-insurance, and services NOT COVERED by your benefit plan.
- We will verify your insurance benefits as a courtesy to you. We rely on your insurance company to give us proper information but cannot guarantee accuracy, so if you feel there is a discrepancy, please bring it to our attention or contact your insurance company.
- If your insurance company requires preauthorization and/or a referral for therapy, it is your responsibility to ensure that the referring physician or your PCP has obtained the necessary referral. Beyond Limits Rehabilitation will obtain the necessary preauthorization for services from your insurance company as outlined by our participation agreement. If we do not have the proper authorization or referral at the time of your visit, it may be necessary to reschedule your appointment, or you will be required to pay for your visit in full. In the event that we are paid for the service by your insurance company, you will be reimbursed for the visit, less any applicable co-pay, co-insurance and/or deductible.
- We require co-pays, deductibles and supply charges be collected at the time of service and that patient remits payment for any balance due to continue service. A \$10 administration fee will be assessed if this agreement is not met. If you have any questions regarding this process, please speak to our billing specialist.
- Failure to abide by this policy or if we do not receive payment within 30 days will result in the necessary action to collect payment. You authorize Beyond Limits Rehabilitation to contact you by phone or email regarding delinquent accounts(s). You authorize Beyond Limits Rehabilitation and its agents, representatives, attorneys (including collection agencies) to use automated telephone dialing equipment, artificial pre-recorded voice or text messages, and personal calls and emails in their effort to contact you for the purpose of collecting any portion of your account which is past due.

- Your credit card may be asked to be placed on file if the account is not paid within 30 days. See credit card policy for more information. A copy can be provided to you at any time upon request.

**Cancellations/Late Fees**

Beyond Limits Rehabilitation expects you to make every effort possible be on time for your scheduled appointment. In the event you do have to cancel, we strongly encourage you to reschedule within 48 hours.

- **If you need to cancel an appointment, we require a minimum 24 hour notice or a \$35 fee will be assessed.**
- Your full attendance to therapy is the best way to an efficient recovery. If multiple cancellations or missed visits occur, the following fees will be assessed:  
     2<sup>nd</sup> occurrence-\$35, 3<sup>rd</sup> occurrence-\$50, 4<sup>th</sup> or more occurrence-\$75.
- **If you are more than 15 minutes late to your appointment, a \$20 fee will be charged.**

**Appointment Reminders**

Beyond Limits Rehabilitation is able to provide automatic reminders by email **OR** cell phone text message. In the event the reminders do not work, you will still be responsible for remembering your appointments.

\_\_\_\_\_ I consent to receiving text message from Beyond Limits Rehabilitation to the number provided. This may include appointment reminders. I recognize normal text messaging rates may apply.

Cell Phone # \_\_\_\_\_

\_\_\_\_\_ I consent to receiving email messages from Beyond Limits Rehabilitation to the email address provided. This may include appointment information. I understand that these emails are not encrypted and are not secure.

Email address \_\_\_\_\_

We would like to thank you in advance for your cooperation and understanding of these policies, and for choosing Beyond Limits Rehabilitation.

\_\_\_\_\_  
**Patient Name (Please print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**Date**