TEAM IOWA | PHYSICAL THERAPY

FINANCIAL POLICY

I hereby assign all medical benefits to which I am entitled to Team Iowa Physical Therapy in the event they file insurance on my behalf. **I understand that I am financially responsible for all charges whether or not paid by said insurance.** In the event my account becomes delinquent and is therefore in default of payment, I accept responsibility for the principal amount owing, as well as all reasonable costs associated with the collection of this debt. This includes, but is not limited to collection service fees, attorney's fees, and all court costs and additional legal fees associated with the recovery of this debt. By providing us with your wireless/cell phone number, you are hereby granting us and our agents or independent contractors, your consent to receive calls on your wireless/cell phone number for billing and debt collection purposes. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. A copy of this assignment shall be considered as effective and valid as the original. I do hereby consent to such treatment by the authorized personnel of Team Iowa Physical Therapy as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting activities of negligence.

Insurance Benefits Disclaimer

Team Iowa Physical Therapy cannot guarantee insurance coverage, benefits, or payment amounts for physical therapy services. Patient responsibility and the final cost of treatment are determined by your health insurance plan and the information processed by your insurance carrier. Your final balance is based on the explanation of benefits (EOB) and payment information received from your insurance company.

We encourage all patients to contact their insurance provider directly to verify coverage, benefits, deductibles, copayments, coinsurance, and any authorization requirements before beginning treatment. If you have questions about an EOB you receive, please contact your insurance company for clarification.

Credit/HSA/Debit Card on File Authorization Agreement

I understand that I have the option to securely maintain a credit card, HSA card, or debit card on file for future transactions associated with my account. Team Iowa Physical Therapy will make reasonable efforts to maintain the confidentiality and security of all payment card information in accordance with applicable laws and industry standards.

1. Authorization to Charge Card on File: By choosing to keep a card on file, I authorize Team Iowa Physical Therapy to charge my credit card, HSA card, or debit card for services rendered and any balances due on my account. Charges may be based on estimated patient responsibility provided by my health insurance carrier and/or the final patient balance determined after insurance claims have been processed.
2. Removal of Card on File: I may request removal of my card on file at any time by providing written notice to Team Iowa Physical Therapy. Removal of the card on file will not affect my responsibility for any outstanding balances owed for services already rendered.