



## **Financial Policy**

We are committed to providing you with the best possible care, and at Balanced Rehab we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask us if you have any questions about our fees, financial policy, or your responsibility.

Payment is due for services at the time services are rendered. All coinsurance, co-payments, and deductibles are due as services are rendered. We submit all billing to insurance companies as a courtesy to our patients; however, we will collect the 20% deductibles and co-payments at time of visit.

If a check is returned for insufficient funds, you will be charged the bank fee in addition to the amount of the check. After the insurance company has paid their portion of your claim, should your financial responsibility be unpaid after 75 days (unless other financial arrangements have been made), the account will be turned over to a collection agency. Collection agencies charge 33% of the unpaid bill. Should these additional costs be incurred, you will be responsible for them in addition to any unpaid balance.

I understand and agree to comply with the Financial Policy explained above.

---

Signature of Patient or Guardian (if minor)

---

Date