



FINANCIAL AND FEE INFORMATION

Financial Responsibility – Fee for Service patients

- I understand my payment is due and payable at time of service. Cash, check & credit/debit cards are accepted.
- I am directly and fully responsible to Dynamic Systems Rehabilitation, PLLC for all physical therapy treatment and supplies. Check your policy! We will provide you with a receipt to submit to your insurance company as a courtesy.

Financial Responsibility- Medicare patients

Medicare patients will be responsible for any deductible and any remaining balance after Medicare and secondary insurance has paid their portion of the bill.

Collection Proceedings

Should my account become delinquent I will be responsible for additional expenses to collect on my account that may include reasonable legal fees, collection costs, and other expenses incurred by Dynamic Systems Rehabilitation, PLLC.

Notification of Changes

I will notify Dynamic Systems Rehabilitation, PLLC of any changes in address and/or contact information.

Authorization to Treat

I authorize Dynamic Systems Rehabilitation, PLLC to render physical therapy to myself/my child or person to whom I am legal guardian.

Please let us know if you have any questions *

Signature: _____ **Date:** _____ *

Please indicate authorization received for treatment:

_____ Physician orders (required for Medicare) _____ Medicare/Secondary Insurance confirmed

Treatment without Insurance Authorization and/or Physician's Referral

I request Dynamic Systems Rehabilitation, PLLC provide treatment to me, knowing I have not provided them with my insurance information, authorization and or physician order required by my insurance company. I understand I will be fully responsible for the physical therapy charges and will pay privately for this visit.

Signature: _____ **Date:** _____