

PAYMENT CONTRACT



Welcome to BODYWORKS Rehabilitation!
Our goal is to provide you with quality care including payment arrangements that are comfortable for you and feasible for BODYWORKS.

Patient Name

INSURANCE OVERVIEW

Physical Therapy services are covered under most insurance policies; the amount depends upon your individual plan. Your individual plan is a contract made between you and your insurance carrier.

Although our Billing Department has verified your insurance coverage, your insurance company does not guarantee benefits. A Payment Contract is necessary to insure that there are no insurance related payment problems causing disruption of your care.

CO-PAYMENTS/CO-INSURANCE

We require that co-payments and co-insurance amounts be paid at the time of service. This will reduce the number of times we need to send you a monthly statement, which helps us keep costs to our patients as low as possible.

The payment that is being arranged with you is based on the information that was given by your insurance company. If you have any questions, please do not hesitate to ask us or contact your insurance company directly.

Your insurance benefit summary is listed below. Choose a payment option.

Deductible Amount	Co-Payment per Visit	Co-insurance %	Option A	Option B	Option C
			Pay in full each visit	Auto Payment CC	Auto Payment Checking
Payment due per visit:		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our office policy: Until the yearly deductible has been met, you will pay \$98 on your first visit, and then you will pay \$75 per visit as a copayment towards your deductible amount.

If, after your co-payments, there's a remaining balance, we will send a statement directly to you. Payment is due upon receipt of this statement.

After your deductible is met, you will pay the above "Payment due per visit".

Any overpayment resulting from your copayments will be refunded promptly to you after your treatment is complete and the account has been paid in full.

AGREEMENT

Your signature below indicates that you have read, understand, and agree to these payment terms.

Patient Name

Signature

Date

BODYWORKS Representative

Signature

Date

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