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**DURHAM**

5826 Fayetteville Rd, Ste 201  
Durham, NC 27713

**RALIEGH/BRIER CREEK**

8851 Ellstree Ln, Ste 201  
Raleigh, NC 27617

**CHAPEL HILL**

141 Chatham Downs Dr, Ste 204  
Chapel Hill, NC 27517

## **Grace Physical Therapy, Inc. Financial Policy**

Thank you for choosing Grace Physical Therapy. We have designed this financial policy to prevent any surprises at the end of the patient's care. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**Review Your "Schedule of Benefits"** Please call your insurance company to confirm your policy relating to outpatient physical therapy benefits. You are responsible for accurately verifying and understanding your policy's deductible, co-payment, coinsurance, visit limitations, and any pre-authorization requirements.

As a courtesy, we will also verify your coverage but cannot guarantee the accuracy of the information we receive. Your insurance policy is a contract between you and your insurance company. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. *However, you are ultimately responsible for the full payment of your bill if your insurance company denies coverage of your claims.*

Co-pays, coinsurance or deductibles are due at the time of service. Patients with deductibles and/or coinsurance will pay an amount that is a best estimate of the cost of your visit. Once your insurance company processes the claims, you will be billed for any remaining balance.

**Missed Appointments** Your appointment time represents 45 minutes of your doctor's time reserved for you alone. As such, we must adhere to a strict cancellation/missed appointment policy. All cancellations/reschedules, for any reason, must occur at least 24 hours in advance (by 5pm EST on Fridays for Monday cancellations) or will incur a \$50 charge.

**Coverage Changes** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Uninsured Patients** Fee-for-service is exclusively a non-insurance financial arrangement. Fee-for-service receipts cannot be submitted to insurance for reimbursement. Grace Physical Therapy will discount our standard fee schedule for this arrangement when payment is made in full at the time of each session.

**Payment Period** All accounts must be paid in full within 90 days of your date of service. Failure to pay within that time period will result in turning your account over to a collection agency.

**Payment Options** We accept Visa, MasterCard, American Express, Discover, checks and cash. All returned checks are subject to a \$40.00 service charge.