At C.O.R.E. we are **committed** to providing you with the best care available. If you have medical insurance, we are available to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

**C.O.R.E. Physical Therapy and Sports Performance PC**

**“Together Stronger”**

If you have insurance, we will be happy to file your insurance claims, however, it is your responsibility to make sure the clams are being paid in a timely matter. While we are able to verify insurance coverage, most insurances will not guarantee payment until they receive the claim and diagnosis. Your coverage may be subject to limitations and we encourage you to check with your insurance provider regarding your particular plan and benefits.

**Medicare Guidelines**

If you have received home health or outpatient physical therapy at another clinic, please inform us.

A written referral signed and dated by your physical is required. There must be evidence in the clinical record maintained by the physical therapist that a physical has seen the patient at least every 30 days. Therefore, It is the responsibility of the patient to make and appointment with the referring physician every 30 days from the date of the initial evaluation, in order to be in compliance of medicare standards, and for the services to be reimbursed.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While C.O.R.E. will file the insurance claims as a courtesy to our patients, all charges are the responsibility of the patient form the date that the services are rendered.

**Payments are due at the time the services are rendered unless a payment arrangement has been approved by C.O.R.E. in advance.** This includes, but is not limited to, charges that are not covered by insurance provider, co-pays, durable medical equipment. Deductibles and co-insurances will be billed. They are due at the time of recipes ad will be mailed on the 1st of every month. If you are unable to pay the full amount, a payment plant may be arranged for you with permission of C.O.R.E. We accept cash, checks, HSA accounts, and credit cards

If temporary financial hardships affect your timely payment of your account, please contact C.O.R.E. and we will strive to work together to arrange a payment schedule that is acceptable to all parties involved.

If you have any questions or concerns, **Please** feel free to ask. We are here to help you and appreciate that you have chosen our clinic for your healthcare needs.

**Thank you**,

**C.O.R.E Physical Therapy and Sports Performance “Together Stronger”**

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Signature Date

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Parent (if patient is a minor) Date