

**Patient Financial Policy**

Empower Physical Therapy, LLC is committed to providing you with the best possible care. If you have medical insurance, we are eager to help you receive your maximum allowable benefits. As a courtesy, Empower Physical Therapy, LLC will verify coverage, obtain authorization (if required), and bill your insurance company directly for you. Unfortunately, there are no guarantees of benefit reimbursement until claims are received and processed by your insurance company. We will require you to assign all insurance company payments directly to our office to avoid any misunderstandings regarding payment for professional services.

**All co-pays, co-insurance amounts, and deductibles are due at the time of service. We accept Cash, Check, Mastercard, Visa, Discover, or American Express.**

I certify that the information given by me in applying for payment from my insurer is correct. I irrevocably authorize payment directly to Empower Physical Therapy, LLC for treatment and healthcare options. I hereby guarantee payment for any and all services rendered to me which are not covered or allowable by insurance, together with collection costs, including reasonable attorney fees.

I acknowledge receipt of Empower Physical Therapy, LLC Financial Policy and understand the patient rights and responsibilities. I agree to the above terms.

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Signature Date

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Printed Name