JIMENEZ PHYSICAL THERAPY

Notification of Patient Responsibility for Co-Payments/Co-Percentages & Deductibles

Your insurance company requires JIMENEZ PHYSICAL THERAPY to collect your co-payments/co-percentages and any unmet deductible amounts from you at the time of service, If we do not collect these amounts we could be in violation of our contract with your insurance company and risk being denied reimbursement for your treatment.

JIMENEZ PHYSICAL THERAPY has verified Out Patient Physical Therapy benefits based on the information furnished to us by you. Your Insurance Company has the disclaimer that this is a verification of benefits and not a guarantee of payment. Based on the information your insurance company provided to us, the amount that you are responsible for is:

Co-Payment _____ /Visit
Co-Percentage _____ /Visit **ESTIMATED amount _____ /Visit

Deductible Amount $_____ Amount Not Met $_____
(Please Note) If you have already paid your annual deductible to another provider but our claim is received first by your insurance company, the deductible will be applied to our claim and you will owe the balance to Jimenez Physical Therapy. You will then need to obtain a refund from the provider that originally collected your deductible.)

Maximum Visits/Days _____ Per Person / Condition / Year / Lifetime

Maximum Dollar Amount _____ Out of Pocket Maximum _____

Other Benefit Information _____

** ESTIMATED coverage information is provided as a courtesy to our patients, but is not intended to release them from total responsibility for their account balance. The estimation is based on a negotiated contract and any remaining balance due will be billed to you after additional information is received from your insurance company. Reimbursement of services is based on your specific insurance plan, any discrepancies are strictly between you and your insurance carrier.

You may receive statements from us during and after your treatment. This is to keep you informed of the amount billed to your insurance company and the payments received from you and your insurance company. Due to the timing of processing your payments, some statements may not reflect all payments paid by you to date. In these cases, subsequent statements will reflect those payments.

If you have any questions or concerns about your billing, please contact Jimenez Physical Therapy at (559) 436-8155.

Please verify that you understand your financial responsibility by signing and dating this form and let us know if we can assist you in any other way. Thank you.

_____/_____/_____
Patient Name (Printed) Date

_____/_____/_____
Patient Signature Date