



BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

Payment Policy

1. Unless 100% of your visit has been covered by your insurance, you are responsible for the percentage &/or deductible not covered by your insurance company. This payment is requested during each visit.
2. If you do not have out of network physical therapy benefits, payment is due in full unless other arrangements have been made.
3. You will receive a statement which will show you the status of your account.
4. Credit Cards will be accepted

Insurance Information

As a courtesy to patients, I will verify and file your insurance, however; I cannot guarantee payment. Please read your policy manual as it pertains to physical therapy coverage. Many insurance companies have stipulations, such as usual and customary fees (UCR), limited therapy sessions, limited reimbursable amounts per session, deductibles, co-payments, supplies, etc. Such stipulations should be indicated in your policy manual.

YOU ARE RESPONSIBLE FOR AMOUNTS NOT COVERED by your insurance. I have an agreement with YOU, not your insurance company, for receipt of payment. Please be aware of this and plan to make payments accordingly.

Signature

Relationship to patient
(Self, parent, guardian, spouse, etc)

Date