

Peak Form Financial Policy

- * Our practice accepts insurance from most insurance companies. As a courtesy, our practice will review your insurance coverage, estimate your insurance company payment, and file your claim with your insurance carrier.
- * Your insurance coverage is a contract between you and your insurance carrier; however we will assist you to maximize your insurance benefits.
- * If your insurance does not remit payment within 60 days the balance will be due in full from you.
- * If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel it is necessary to work together to resolve any insurance problems.
- * Returned checks and balances > 30 days may be subject to additional fees and interest charges of 1.5% per month. You will be responsible for any charges incurred due to collection proceedings, attorney's fees or court costs.
- * Any money paid to you by your insurance company for services billed and rendered by Peak Form LLC or any of its associates shall be paid to Peak Form LLC immediately upon receipt. Failure to do so is illegal.
- * You are responsible for any portion of your bill which is denied or not paid you your insurance carrier. This includes, but is not limited to, deductible, coinsurance and co-payments.
- * I authorize payment of medical benefits from my insurance to Peak Form LLC and the release of any medical information relating to all claims for benefits submitted on behalf of myself and/or dependents.
- * I understand that I am responsible for all charges including those not covered by insurance. I understand my responsibilities as outlined in the Financial Policy.

Signature _____

Date _____

Peak Form Appointment Cancellation Policy

**There is a \$45 charge for missed or cancelled appointments
without 24 hours advanced notice.**

- * We have reserved an allotted time for you which is now lost.
- * We are unable to bill your insurance for this amount.
- * If you have more than 3 "no shows" you will be discharged from therapy. We want you to get the maximum results from therapy and this means attending therapy on a regular basis.

Signature _____

Date _____