



STATEMENT OF OFFICE POLICY

Before physical therapy treatment begins, we at Aliso Viejo Physical Therapy and Sports Medicine make every effort to confirm your insurance coverage. At the time we are quoted your benefits, it is explicitly expressed by the insurance company that any benefits quoted over the phone are not a guarantee of payment. An insurance company **MUST** receive and evaluate our claims before making payment for services rendered, and no insurance company will make a guarantee of payment before the claim is received.

Therefore, any benefits quoted to you by the office staff are strictly those that have been quoted to us by your insurance carrier. We cannot guarantee that the percentage of payment stated by your insurance carrier during a telephone conversation will be the actual benefits paid out upon receipt of our claim.

With this in mind, all quotes of reimbursement by your insurance carrier must be considered conditional. The patient is responsible for deductibles and co-payments (if applicable), as well as any difference between what we have been quoted by the insurance carrier and the actual payments received.

Our office will make ONE courtesy call to your insurance company in order to verify eligibility and confirm your physical therapy benefits. In the event that you disagree with the benefits quoted to us, it is your responsibility to phone the insurance company for clarification and/or correction of said benefits.

In addition, it is the policy of Aliso Viejo Physical Therapy and Sports Medicine **NOT** to enter into any dispute with an insurance carrier. A dispute over payment of claims is the responsibility of the patient. In the event that your insurance carrier will not make payment for services rendered, it is ultimately the patient's responsibility to see that payment is made.

We are happy to make any and all efforts on your behalf to insure that proper payment is made by your insurance carrier for the services you receive. We also ask that you remain active in the process.

I HAVE READ THE STATEMENT OF OFFICE POLICY LISTED ABOVE IN ITS ENTIRETY, AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY AND ALL TREATMENT I RECEIVE AT ALISO VIEJO PHYSICAL THERAPY AND SPORTS MEDICINE.

Patient / Insured Signature
Date _____

Witness
Date _____