



Dear Patients:

As a health care provider we are advised to collect the co-payments and deductibles for each P.T. visits as per your insurance plan & coverage. By not doing it **TheraCare Rehab** will be penalized for going against Insurance regulations.

Most of the times we may not know until we bill your insurance about deductibles, the amounts for co-payments.

So we want to make sure that you are aware that you may get a bill from us depending on your insurance plan for **PHYSICAL THERAPY COVERAGE** . We request your fullest co-operation regarding this issue.

If you have any questions please contact your insurance company to clarify.

Thank you,

-Management-

I, _____, understand that I am responsible for all charges not covered by my insurance. I recognize that I am responsible for all co-pays and deductibles. I will be responsible for said payment and will make proper reimbursement within thirty (30) days of notification for all charges.

PatientSignature:

Or (Legal Guardian /Responsible Party) _____ Date: _____