



Payment Agreement Form

Please read entire form carefully, then sign and date the bottom.  
The following defines the financial policies of this practice.

## **Payment is due at the time services are rendered**

Payment options (Please initial by the option that applies):

### **Insurance Coverage**

Distinct Physical Therapy ("the office", "Provider") accepts different insurance plans. Each plan has a unique fee schedule of covered services depending on your policy. The office employee will verify your eligibility and benefits prior to the patient receiving treatment. There is still no guarantee that services will be covered. It is the patient's responsibility to update the office regarding any changes to medical plans and coverage.

The office staff will estimate the amount the patient will owe for physical therapy services rendered during each visit based on the insurance benefits quoted by the patient's insurance company. Remember, this is only an estimate. The actual out-of-pocket expense may be less than or greater than the amount estimated and collected at the time of service. The patient may be reimbursed or apply excess payments to another date of service. Any remaining balance will be billed to the patient once the insurance has processed the claim.

### **Self Pay**

Patient agrees to pay the cash rate of \$60 for each date of service associated with the current plan of care. (Rates are subject to change at the discretion of Distinct Physical Therapy.) Patients will be informed of any changes to the cost of care under the Self Pay option prior to services being rendered.

### **Medical Lien**

Patient hereby authorizes and directs Attorney to pay Provider directly any sums due for physical therapy services rendered to Patient. Patient directs Attorney to withhold such funds from any settlement, verdict, or judgment that is rendered in said case. Patient hereby notifies Attorney that Patient is giving Provider a lien on these benefits or settlement proceeds. In consideration for Provider waiting for payment, this lien is irrevocable and can only be satisfied by full payment of all sums due for physical therapy services rendered. Patient authorizes Provider to notify attorney of this lien at Provider's discretion. Patient understands that any settlement, verdict, or judgment proceeds cannot be disbursed to patient without first satisfying this lien.

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