



Payment Options

Thank you, for choosing us as your healthcare providers. We are committed to your treatment being successful. Please understand that the payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you agree to and sign prior to any treatment.

Fees and Payments

Our fees are based upon reasonable and customary charges. Fees for a visit or new problem are higher than the routine follow up because more time is required to diagnose and treat a new problem than to follow up on an existing one. Capitol Rehab bills for each modality rendered at the time of service.

Our fee schedule is as follows:

<i>New Patient Examination</i>	200.00
<i>Re-Examination</i>	150.00
<i>Spinal Manipulation/Joint Mobility</i>	47.00
<i>Manual Therapy</i>	45.00
<i>Exercise Therapy</i>	45.00
<i>Home Management/Self Care</i>	45.00
<i>Traction</i>	45.00
<i>Interferential Current</i>	37.00
<i>Ultrasound</i>	35.00
<i>Supervised Hot/Cold Therapy</i>	20.00
<i>MISSED APPOINTMENT/LESS THAN 24 HOURS NOTICE</i>	25.00

Insurance

As a courtesy to our patients, we will verify your insurance coverage and file your insurance claims. This is not a guarantee of payment and you are ultimately responsible for any balance, deductible and/or co-payments. Payment for your deductible, coinsurance, or co-pay is due at each visit. We do not participate with any HMOs or Medicare, but do participate with many other insurance plans. Please ask our staff for a list of these groups. We do not submit secondary insurance claims.

Patient's Initials _____

SimpleCare cash plan

The SimpleCare cash plan saves you money on health expenses. When you pay at the time of service, it eliminates billing and administrative expenses. SimpleCare also gives you control over your own healthcare, without the unnecessary bureaucracy and barriers of insurance. There is a \$29 annual fee for SimpleCare and you can learn more about the program and even sign up on-line at www.simplecare.com. There is a \$25 billing fee if you do not pay at the time of your visit.

Patient's Initials _____

Workers Compensation/Personal Injury

Workers compensation claims must be authorized by your employer. Prior to your evaluation, the following information is necessary:

- Name, address, telephone number of employer, and agent in charge of claim
- Date of injury
- Claim number

After this information is received and verified, treatment will begin. Reports and updates will be sent to the insurance carrier. If settlement or payment is sent directly to you, you are responsible for immediately signing over the insurance check to Capitol Rehab for all services rendered.

Patient's Initials _____

Collections

Delinquent accounts that are turned over to a collection agency or our attorney will be assessed a collection fee in which the patient is also responsible for.

Patient's Initials _____

"I have read, understand and agree to the provisions of the Financial Policy"

Signed: _____
(Signature of Patient/Person financially responsible for bill)