



Payment Policy

Insurance/ Financial Arrangements

Granite State Physical Therapy accepts most insurances and will submit claims to your primary and secondary insurance companies. We will strive to acquire any pre-authorization, re-authorizations, and obtain determinations of deductibles and co-pays to the best of our ability. Ultimately, however, it is you as the patient who is responsible for any co-insurance, co-payment, understanding of your deductibles, and submitting any changes in your insurance during the course of treatment. Each insurance is different and it is up to you as the patient to understand and notify us of any pre-authorization needed, any change in your insurance (whether change in company or type of insurance i.e. HMO to PPO, etc). Since insurance companies do not back-date for missed authorizations, visits that were not approved due to non-notification of insurance requirements on your part as the patient will be charged to you the patient. Any remaining unpaid balances after insurance company payments are received are the responsibility of the patient and prompt payment is expected.

We do accept and will bill third party payments for auto insurance, litigation cases, and home insurance coverage however we require a partial payment at the time of each visit of \$80 per visit. The State of NH requires 3rd party insurance companies to send any reimbursement checks directly to the patient. It is the patient's responsibility to submit the remaining balance for treatment to Granite State Physical Therapy upon receiving the check from the insurance company.

Payments of co-pays are expected at the time of each visit unless other arrangements with the owners have been made prior to the appointment.

Appointments:

In the event that your appointment needs to be cancelled please contact our office to let us know. We would appreciate 24 hour notice if possible so that we might fill that spot with other patients waiting to get in however we realize that sometimes unexpected things happen. Please just give us a call rather than "no-showing".

I have read the above payment policy and agree to the above stated terms.

Patient signature

Date