SANDERS THERAPY GROUP

FEES AND FINANCIAL AGREEMENTS

NO SHOW POLICY: I understand that 24 hr notices are required for cancellation of an appointment. If I no-show/cancel less than 24 hours prior to my scheduled visit, a $25 charge will be applied to my account. A $50 charge will be assessed for 2nd and 3rd No Shows. ***(NOTE to all patients including WORKMAN'S COMP and MVA- This charge will be billed to your personal account and NOT to your insurance carrier.)***

CREDIT CARD ON FILE: We request that you provide a credit card to keep on file with our office. We run our payments through our PCI compliant, secure practice management software. When you come in, we will scan your card with a card reader. Your payment information is stored on secure servers for future transactions. Office personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system.

If a balance remains owed more than 30 days following discharge from our services, your credit card on file will be billed for the remaining balance.

WAIVER FOR UNCOVERED SERVICES: I understand that supplies are not generally covered by insurances and that I may be requesting services that are not covered by my carrier. I assign to, and approve direct payment to Sanders Therapy Group. of insurance benefits for services provided. I am financially responsible for charges not covered by this assignment. I understand that it is my responsibility to verify with my insurance company what my Therapy benefits are, along with my financial obligation for therapy treatments.

FINANCE CHARGE: Sanders Hand Therapy will apply a finance charge to my account(s) if I am in the process of being sent to a collection agency (no payments made in over 90 days). To avoid being billed any finance charges I agree to make monthly payments until my balance is paid in full. And I'm encouraged to contact the Sanders Therapy Group (Supreme Billing) billing department if I need to set up a payment plan.

CASH PAY PATIENTS: I understand that payment for therapy is DUE AT THE TIME OF SERVICE and that insurance will NOT be billed by Sanders Hand Therapy for CASH PAY patients.. All costs accrued are the patient's responsibility. Sanders Hand Therapy will NOT retro bill any insurance once cash pay status has been established.

ASSIGNMENT OF BENEFITS: As a patient or legal guardian, I agree to pay for all services rendered in accordance with the terms and conditions set forth in this policy. I authorize the release of any medical information necessary to prove insurance claims. Assignment of benefits: if applicable, I authorize insurance benefits to be paid directly to Sanders Therapy Group.

I've read and agree with all the above statements.

____ ______________________ Patient Signature
Date