



**FINANCIAL POLICY:**

Please note that we do not contract with any insurance providers. The Pelvic Health & Performance Center (PHPC) is a small, fee-for-service center. In order to provide one-to-one, high-quality care, we are out of network with all insurances including Medicare and Medicaid. Payment is due at the time of service. We accept all major credit cards (we cannot collect cash or checks at time of service) – upon booking your appointment, you will be asked to securely enter your credit card information for your convenience. Your card will automatically be charged after your appointment is completed. You may be able to request insurance reimbursement after your appointment. It is your responsibility to know the limitations and restrictions of your insurance company regarding out of network physical therapy. Upon request, the PHPC can provide you with a “Super Bill” that you can use to request reimbursement. The PHPC will not request reimbursement on your behalf – you will need to do so yourself. You are responsible for paying your balance at time of service regardless of your insurance company’s payments for our of network care. In the event it should become necessary to forward your unpaid balance to a collection agency, you agree to pay interest and collection fees. If legal action is taken against your account, you agree to pay all reasonable attorney fees, filing fees and any other costs associated with this action.

**MISSED APPOINTMENTS AND CANCELLATIONS:**

Appointments not kept or cancelled without 24 hours notice prior to the scheduled appointment time will be charged a **\$150.00 cancellation fee**. These charges cannot be billed to your insurance company and will be your responsibility. Missed appointment fees must be paid at the next scheduled appointment. If you miss 3 appointments without proper notice, all future appointments will be cancelled.

**PRIVACY POLICIES AND HIPAA STATEMENT:**

You have the opportunity to review and question our privacy policies statement at your request. This statement outlines our policies that protect your privacy. We will release your personal health information for billing purposes to be reimbursed for services rendered or to facilitate your care with another of your health care providers. You may request (in writing) to prevent us from doing so without penalty or cessation of your care. If you exercise this right, you will be responsible for your balance, and it will be your responsibility to submit claims to your insurance carrier for reimbursement.

*By signing below, I attest that I have read and agree to the Pelvic Health & Performance Center's financial policy, privacy policy, and HIPAA statement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date