

Capital City Health Care Providers, Inc.

4601 Lake Boone Trail, Suite 2E Raleigh, NC 27607

(919) 781-3978 Fax (919) 781-4315

Worker's Compensation:

This is to inform all new and established patients of Capital City Health Care Providers, Inc. that this office does not treat any injuries arising from a Worker's Compensation Claim.

By signing below, you understand that Capital City Health Care Providers, Inc. does not treat either existing or new injuries to a Worker's Compensation Claim. You hereby acknowledge that you are not seeking treatment for any work-related injury. You agree to inform Capital City Health Care Providers, Inc. if you are ever injured on the job.

Cancellation and No Show Policy:

Capital City Health Care Providers, Inc. will charge for a late cancellation (less than 24 hours) or for failure to show for an appointment. The fee is equal to the fee charged for the service to be provided and the time allocated to such service. In this way we can continue to provide our patients the one to one care and time required to address their needs, without the necessity for double scheduling appointments.

Financial Policy:

The financial policy in our office is PAYMENT DUE AT THE TIME TREATMENT IS RENDERED, unless payment arrangements have been approved before treatment is started. We accept cash, checks, and credit cards.

Insurance Policy for Physical Therapy:

Your insurance is a contract between you and your insurance company. We are not a party to that contract. You are responsible to pay for any unpaid balance by them. Not all services are covered in all policies and not all our fees fall within the UCR (Usual, Customary and Reasonable) fee established by your insurance company.

Physical therapy is the only medical treatment provided by this office that is eligible for filing to your insurance company. As a courtesy to our patients we will process your insurance claims for you. To do this we must have a copy of your medical insurance benefits. Patients with any type of Blue Cross Blue Shield coverage will need to pay in full for physical therapy treatment and will be given an itemized receipt to be filed by the patient. All other insurance companies will be considered on a case by case basis.

If payment is not received from your insurance company within 90 days after date services are rendered then you are responsible for your total bill. This time frame allows plenty of time for your insurance carrier to process claims sent by our office and make payment.

Your portion of the visit charges (co-insurance, deductible) is due in full at the time of each visit. It is up to the individual patient to be aware of their co-insurance, deductibles, and limits of coverage.

Returned checks are charged a \$25.00 returned check fee.

We realize temporary financial problems may affect timely payment of your account. If such problems do arise we request you contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage PLEASE DO NOT HESITATE TO ASK US. We are here to help.

Signature

Date