



## FINANCIAL AND OFFICE POLICIES

Welcome to Southern Oregon Physical Therapy Associates, Inc. (SOPTA, Inc.). Our goal is to assist you in your healing process. We hope to accomplish this through a joint effort with you and your physician.

1. Payment is required at the time of service except work-related injuries and Medicare. If you have insurance you will be required to pay the deductible, co-pay, and portions of charges your insurance does not pay.
2. As a courtesy, SOPTA, Inc. will bill your insurance. However, it is your responsibility to obtain reimbursement from your insurance company. Any unpaid balance not paid by the insurance company is your responsibility to pay. We recommend that you call your insurance company to find out your physical therapy benefits.
3. If we are not billing your insurance for you, we do offer a discounted rate when paid at the time of service.
4. Charges are determined by the time spent and procedures required. Charges vary depending on the patient, diagnosis, and treatment rendered.
5. All patients will receive a monthly statement until the account is paid in full. This includes work-related injuries.
6. ***To achieve maximum benefit from your physical therapy, it is imperative that you attend all of your appointments.*** If you do not attend consistently your insurance benefit and/or worker's compensation may be affected or denied.
7. It is to your benefit to be here at least 5 minutes before your appointment time. This time is used for changing clothes, thus allowing your full appointment to be used for your treatment. Please wear or bring appropriate clothing (gym shorts, sweat pants, etc.) as your treatment may include exercise.
8. If you are unable to keep a scheduled appointment, ***we require a minimum of a 24-hour cancellation notice.*** If you are ill and are unable to keep your appointment, we ask for as much advance notice as possible. If your illness is contagious, please use your good judgment and refrain from exposing our staff and others to illness.
9. Due to asthma and other respiratory conditions suffered by others in the clinic,  
***PLEASE REFRAIN FROM WEARING COLOGNE OR PERFUME.***
10. If you call after hours to cancel an appointment, please leave a voice mail message. SOPTA, Inc. reserves the right to charge a ***\$50.00 fee for a no-show or less than a 24-hour cancellation notice.***
11. We are not responsible for jewelry or other articles left on the premises.

## AUTHORIZATION

I hereby authorize Southern Oregon Physical Therapy Associates, Inc. to release any information acquired in the course of my treatment concerning my present illness or injury to my insurance company.

I have read, understand, and agree with the above policies and have received a copy of this policy. *(If the patient is a minor, a parent/guardian must sign this form.)*

\_\_\_\_\_  
Patient or Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Parent/ Guardian PrintedName