

Sims Physical Therapy, Inc.
2530 Professional Parkway
Santa Maria, CA 93455
(805)928-4465 Fax (805)928-7935

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you read and sign prior to treatment.

All patients must complete out information and insurance form before seeing the therapist

WE ACCEPT CASH and CHECKS
WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR APPROVAL

REGARDING INSURANCE

We may accept assignment of insurance benefits. The balance is your responsibility whether or not your insurance pays. We cannot bill your insurance company unless you give us your information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do not accept assignment of benefits we require that you be pre-approved on a payment plan. If your insurance company has not paid your account in full within 60 days, the balance will automatically be transferred to your extended plan of payment and payment in full will be expected. Payment is required before 30 days on your extended plan of payment. If after 90 days no payment has been received an administrative charge of 10% will be assessed to your account. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance.

Regarding insurance plans where we are a participating provider. All co-pays are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not providers, refer to above paragraph.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance arbitrary determination of usual and customary rates.

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized by your insurance company and an approved payment plan has been signed.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible Party

Date