



Financial Policy Agreement

Our financial policy is as follows:

- Payment is due at the time of service unless arrangements have been made in advance or you have verified insurance coverage. Co-pays are due at the time of treatment. We accept credit cards (Visa, Mastercard, American Express), cash, and checks.
- Not all insurance plans cover all services. In the event your private insurance plan determines a service to be "not covered", you will be responsible for the complete charge. In this case, payment is due at each therapy treatment session.
- Your financial responsibility to us will be your co-payments (if any), the amount your insurance company deems your responsibility, such as deductibles and co-insurance, and denials for services not covered under your policy. We will verify with your insurance company prior to service if a co-pay is required and what you are covered for.

I have carefully read and I understand Therapies of the Rockies, LLC Financial Policy Agreement and I am financially responsible for all of the charges rendered. I authorize payment of benefits from my insurance be paid directly to Therapies of the Rockies, LLC. I authorize Therapies of the Rockies, LLC to release to my insurance company any and all information necessary for the processing of insurance claim.

Print Name of Patient (or responsible party if minor or guardian)

Date

Signature of responsible party

Date