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Injury Prevention Consultation ■ Ergonomic Evaluation ■ Injury Management  
Training ■ Physical and Occupational Therapy ■ Post Offer Screenings

## Patient Financial Policy for Injury and Health Management Solutions, Inc.

Patient's Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient agrees to pay for all portions of services due in full at the time services are provided by our office. Co-pays are expected to be paid at the time of service.

### Patient Financial Class Policies:

You are required to present a valid insurance card at every visit and as needed throughout your care.

Commercial Insurance Carriers: We bill most insurance carriers for you if proper paperwork is provided to us. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointments. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from you. We contract billing with an outside service. You will receive a monthly statement with any amount due by you outlined. All or only a portion of this bill may be covered by your insurance. \*\*Please note that if you have Cigna insurance that is managed by American Specialty Health, and you choose to be seen before additional visits are approved, beyond the number of visits approved, or past the time frame approved, insurance will NOT be billed and you will be responsible for payment of this/these visits.

Worker's Compensation: If your visit is work-related we will need the case number and carrier name prior to your visit in order to bill the worker's compensation insurance company. **If your claim is denied for any reason, payment becomes your responsibility and is considered due and payable in full from you.**

### Methods of Payment:

Our office accepts the following payment methods:

We accept cash, personal checks, and credit cards. Patient financing options may be available if needed but must be arranged with our office.

For returned checks we assess a \$25.00 NSF charge, and report to the local district attorney's office checks that are not paid within two weeks of being returned to our office.

Patients who do not show for a scheduled appointment will be charged a \$25 no-show fee.

If not paid according to terms, the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections, patient agrees to pay all additional fees in the collection of the debt. These fees include collection agency fees and attorney fees.

The patient is ultimately responsible for all fees for services. I have read, understood and agreed to the above financial policy for payments of professional fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_