



**M O V E M E N T
S Y S T E M S**
Physical Therapy, P.S.
(206) 405-1864 (206) 405-4376 fax



BILLING AND PAYMENT POLICY

Welcome to MSPT. In order to budget for your physical therapy services, we would like to provide you with a brief explanation of our payment policy.

For the best chance of reimbursement from your insurance carrier:

- *We suggest that you contact your insurance company prior to your first appointment to determine your physical therapy coverage and providership stipulations.* Coverage depends upon your insurance company and the specific plan you have chosen. You will need a current doctor's prescription for physical therapy services in order to submit your claim. Referrals are current for 90 days unless otherwise specified.

To assist you in your budget planning:

- The initial evaluation lasts approximately one hour and includes a written report to your referring provider. We are providers for most major insurance companies. Please refer to your individual insurance company for information regarding your physical therapy benefit coverage.
- Subsequent visits are based on your specific time needs with the physical therapist and the specific procedures performed. All treatments are one to one with the physical therapist.
- **Note:** Fees fluctuate depending on the procedure performed. You may contact our Billing and Collection Coordinator, at 206-405-1864, ext. 105 or via email at info@movementsystemspt.com for more information.

Payment plans are available upon request. Please contact our Billing and Collection Coordinator for terms of a payment plan. **Co-pays are due at the time of service.**

Note: For patients without insurance coverage, or for those patients that have exceeded insurance benefits, a 20% discount is available for full payment at the time of service.

Interest fees are applied to patient accounts exceeding 30 days past due. A fee of \$25 will be charged for any check returned by the bank for Non Sufficient Funds.

I understand my financial responsibilities as described above.

Signature _____ **Date** _____