
Patient Financial Policy

Contracted/Commercial Insurance:

Thrive Hand Therapy Participates with several insurance companies and will file claims on your behalf. As a patient, it is in your best interest to know if your plan is contracted with YOUR COMPANY and to understand your insurance plan benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit.

It is also important to understand your insurance plan's current benefits and coverage rules. Policies and coverage determinations may vary from year to year. Please be aware that your insurance carrier may send you a payment for the services provided by YOUR COMPANY (depending on your plan's benefits). In this case, you are required to remit the payment to YOUR COMPANY

In case you will fail to remit the above mentioned payment, YOUR COMPANY holds the right to report the case to an outside collection agency. In the event that your account is turned over for collections, you agree to pay all additional fees associated to the collection of debt. These fees may include collection agency fees and attorney fees.

Assignment of Benefits:

I certify that the information given by me in applying for payment from my insurer is correct. I request that payment of authorized benefits be made on my behalf to YOUR COMPANY I understand that I am fully responsible to YOUR COMPANY for all charges not paid by my insurer within 60 days of claim filing.

I authorize YOUR COMPANY to release medical information pertinent to my treatment for appeal purposes.

The undersigned acknowledges receipt of the YOUR COMPANY Financial Policy and understands the patient rights and responsibilities. The undersigned agrees to the above terms.

Printed Patient Name

Patient Signature

Date