



A STEP AHEAD PHYSIOTHERAPY

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Medical Assignment of Benefits and Financial Policy

Please read this document in its entirety

Financial Policy, Release of Information, Assignment of Benefits

We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment. If you have any questions, please discuss them with us prior to beginning therapy.

- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to us. If your insurance company does not pay us within a reasonable time period, we will look to you for the payment of the outstanding balance.
- You must inform our office of all insurance changes and authorization referral requirements. In the event the office is not informed, you will be responsible for any charges that are denied.
- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian for payment.
- We have made prior arrangements with many insurers to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the copayment at the time of service. If your deductible has not been met, you will need to pay in full until it has been satisfied. Once the insurance company processes our claims, if there is a balance due, we will send you a statement for the amount owed. Payment is due upon receipt of our bill.
- All health plans are not the same and do not cover the same services. We will do our best to determine what services are covered by your insurance. In the event your health plan determines a service to be "not covered" and we are unaware or you do not have authorization, you will be responsible for the complete charge.

Payments and Patient Signature

- There is a CI \$25.00 service charge for all returned cheques. Your insurance company does not cover this fee.
- All "No Shows" and cancellations without a 4-hour notice are subject to a CI \$50.00 service fee. Your insurance company does not cover this fee..
- I have read and understand the financial policy of A Step Ahead Physiotherapy, Ltd and I agree to its terms.
- I authorize the release of information necessary for treatment, payment, and health care operations.
- I authorize assignment of benefits for services rendered by A Step Ahead Physiotherapy, Ltd.

Patient/Responsible Party Signature, Date