

FINANCIAL POLICY / BASIC INSURANCE INFORMATION

Covenant Hand Therapy, P.C.
1101 Ohio Dr., Suite 105, Plano, TX 75093
972-599-9594

We think that everyone benefits when there is a definite and clear understanding of our financial policy prior to treatment.

1. **ALL NEW** patients are expected to present current and active proof of insurance. CHT will bill your insurance company; however, **you are responsible for your deductible, co-pays and any amount that may not be covered by your insurance.**
2. **Deductible and co-pays** are to be paid at time of service. This can be paid by cash, check or credit card [American Express, Discover, MasterCard, Visa].
3. **NSF CHECKS** will be charged \$30.00 plus the amount of the check. This is due upon your next appointment or immediately upon notification.
4. **MISSED/BROKEN APPOINTMENT CHARGE** for any patient who cancels with less than 24-hour notice or who does not present at the appointment time:
Therapy visit: \$25.00
Orthotic visit: \$30.00

The fee is due upon the next visit.

IT IS YOUR RESPONSIBILITY TO MONITOR YOUR BENEFITS AND ANNUAL MAXIMUM. We will be happy to assist you, but it is your responsibility.

PATIENTS WITH HMO PLANS: It is your responsibility to know and understand your HMO plan. Generally, these plans require a patient co-pay at the time of service.

FOR YOUR CONVENIENCE WE ACCEPT CASH, PERSONAL CHECKS, AMERICAN EXPRESS, DISCOVER, MASTERCARD, AND VISA.

We ask that you provide us with a valid credit card number to transfer any unpaid balance that is delinquent over 90 days.

I HAVE READ AND AGREE TO THESE TERMS.

Patient/Guardian Signature

Date

Patient PRINTED Name _____