

# FINANCIAL POLICY / BASIC INSURANCE INFORMATION

**Covenant Hand Therapy, P.C.**  
1101 Ohio Dr., Suite 105, Plano, TX 75093  
972-599-9594 FAX 972-599-9364

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. Patient must notify the clinic by **phone** (clinic voice mail is available 24/7) of cancellation. 972-599-9594 Please do not email or text the clinic or therapist.

**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, AS WELL AS CARE CREDIT.**

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** \_\_\_\_\_