

Nina Silverman Physical Therapy

111 Maiden Ln Kingston NY 12401

P: (845) 331-8590 F: (845) 331-8595

Billing Policy, Release and Authorization

I authorize Nina Silverman Physical Therapy to bill my insurance company directly for the covered portion of charges, and I authorize payment of medical benefits directly to Nina Silverman Physical Therapy. I authorize Nina Silverman Physical Therapy to release medical or other information necessary to process this claim.

I understand that treatment without a physician referral may not be covered by my health care plan or insurer and treatment may be a covered expense with a referral.

I understand that I am ultimately responsible for my physical therapy charges, and I agree to pay my deductible, my co-insurance or co-payment and any charges not reimbursed by my insurance carrier. I understand that some insurance companies require medical or administrative pre-authorization for treatment, or have reimbursement limits on physical therapy treatment. I understand that I am responsible for knowing and meeting the requirements of my insurance plan.

Cancellation/No Show Policy

Your appointment is reserved specially for you. We kindly ask that you give 24 hours notice if you need to change or cancel your appointment. I agree to pay the \$40.00 fee for a missed appointment/or last minute cancellation. I understand that this cannot be charged to my insurance carrier.

Name _____

Signature _____ Date _____

Privacy Practice Acknowledgement

I have received the Notice of Privacy Practices and have been provided with an opportunity to review.

Name _____ DOB _____

Signature _____ Date _____

