



Active Physical Therapy and Wellness PC
5430 S. Saginaw Street
Flint, MI 48507
Phone: 810.694.1037 Fax: 810.694.1089

DISCLOSURE STATEMENT

Dear Patient,

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we do our best to stay aware of these changes, it is not always possible. Therefore, we urge you as the patient to please check with your insurance company prior to beginning physical therapy services. Failure to comply with this suggestion could result in you, the patient, being held financially responsible for the cost of your physical therapy treatments. We will provide you with as accurate information as possible regarding your physical therapy benefits, but it is still your responsibility to know your individual coverage. Remember – your insurance policy is between you and your insurance company, not between the insurance company and your health care provider.

Please be aware that if you are financially responsible for all or part of the cost of your treatment, it is expected that all balances will be paid within thirty days of receiving a statement. Balances that reach 90 days without regular activity on the account will be charged a late collection fee of \$10.00 per month. If you are not able to pay your balance in full, please inquire as soon as possible about setting up a payment plan. Accounts with regular monthly payments will not be charged a collection fee, even if the balance is older than 90 days.

Patient Signature

Date

Witness Signature

Date