



## Financial Policy

Cooperative Performance & Rehabilitation thanks you for choosing us to meet your physical therapy needs and we are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship.

As a courtesy to you, we will bill your primary and secondary insurance company. Although, we contact your insurance company to verify benefits and coverage, the **information we receive is not a guarantee of payment. You should contact your insurance carrier if you have any questions regarding your benefits or coverage.**

To efficiently process your claim(s), we need accurate information about you and your insurance company. We will request a photocopy of the front and back of your insurance identification cards(s) and a photo ID. It is your responsibility to inform us of any changes to your policy.

**Insurance:** We will gladly bill and accept payment from your health insurance plan. **Your co-payment, co-insurance or deductible is due and payable at the time of service.** As a convenience to our patients, we accept cash, checks, Visa, MasterCard, Discover and American Express. Any amounts not covered by your insurance carrier(s) are your responsibility.

We find communication between our office and our patients help us to succeed in providing the best care.

If you have any questions regarding your bill, insurance coverage or if you have a financial need and would like to make arrangements for payment on your account, please contact our billing office at 541-653-9293.

I have read and understand the above. I hereby authorize Cooperative Performance & Rehabilitation to submit claims to my insurance carrier(s). I understand I will be responsible for payment of any amounts not covered by my insurance carrier, including but not limited to, co-payments, co-insurance and deductibles.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if patient is a minor under 18)