



OUR LOCATIONS
www.totalrehab-pt.com

WILLIAMSBURG
507 Court Street
Williamsburg, IA 52361
Phone: 319-668-9453
Fax: 641-236-4316

GRINNELL
Southview Plaza-Suite #4
234 West Street South
Grinnell, IA 50112
Phone: 641-236-4506
Fax: 641-236-4316

SULLY
Diamond Trail Fitness Center
12498 Highway F62 East
Sully, IA 50251
Phone: 641-594-3303
Fax: 641-236-4316

FINANCIAL CONSIDERATIONS FOR SERVICE

Account Summary:

- Copayments or coinsurance will be collected the day of service. Total Rehab accepts cash, credit cards or checks.
- All other charges are due and payable within 15 days of receipt of statement.
- If payment cannot be made when due, you must contact Total Rehab at 641-236-4506 to set up a payment arrangement.
- After 90 days, if no payments have been received and extended payment arrangements have not been made, necessary collection proceedings will begin.
- Total Rehab should be notified of address changes immediately since undeliverable statements are turned over to collection agencies.
- Total Rehab should be notified of any insurance changes since incorrect information will result in unpaid claims that will be your financial responsibility.

Insurance:

Total Rehab will submit claims to most insurance policies. Present your insurance card at the time of service for verification of submission. We will need to see a copy of the front and back of your insurance card. Without a card, Total Rehab cannot file for you. You will also be required to provide us with information about the insured party such as their date of birth and Social Security Number and employment information. This is information that your insurance company requires to submit your claims.

Collection of Accounts:

If your account has been sent to a collection agency, each future visit will need to be paid in full in cash at the time of service, regardless of your insurance coverage. This will be the policy until your account is back in good standing.

Bankruptcy Accounts:

If Total Rehab is served with Bankruptcy notice, all future visits in this office will be paid in full in cash at the time of service regardless of your insurance coverage. You will no longer be able to charge any visits to your account.

Returned Check Fee:

There is a \$50.00 fee for any checks that are returned to us.

Interest on Unpaid Accounts:

Interest shall accrue on any account which is past due. Interest shall accrue at the rate of 18% per annum (1.5% per month). An account is past due if it has not been paid within 60 days of the invoice or statement date.

Attorney Fees/Court Costs/Venue:

I understand that in the event that litigation is necessary to collect upon my account, venue for any such suit shall lie in Poweshiek County, Iowa, the County in which services are intended to be performed by Total Rehab-Orthopedic and Sports Specialist, P.C. I further understand and agree that in the event suit is necessary to collect an unpaid account, Total Rehab-Orthopedic Sports Specialist, P.C., shall be entitled to recovery of its reasonable and necessary attorney fees incurred in collecting such account, as well as Court costs incurred.

I understand the above stated information and agree to abide by these considerations.

Signed: _____ **Date:** _____