



15811 Ambaum Blvd SW Suite 140, Burien WA 98166
tel. 206.327.9880 ~ fax. 206.327.9977 ~ inquiry@lakeburienpt.com ~ www.lakeburienpt.com

Welcome to Lake Burien Physical Therapy, Inc (LBPT). As a courtesy to you we bill your insurance company. In order to do so, please provide us with your insurance card and any additional information we need. Your insurance coverage has been verified, however, this is not a guarantee of payment. Please keep in mind that LBPT can only track your plan and prescription limits for services provided at LBPT. It is your responsibility to track services received from other practitioners in other offices. If you exceed your plan limits, you are responsible for payment of physical therapy services not covered by your plan.

Payment options: We accept personal checks, cash and credit cards. Insurance co-pays are due at the time of service. If you do not have insurance, we require payment at each visit. Any portion of your treatments not covered by your insurance becomes your responsibility, and is due within 30 days. Interest may be charged at a rate of 1.5% per month (18% annually) for unpaid balances over thirty days. If you have any billing or insurance questions, please contact us and we will direct you to our billing staff. If you have any financial problems, please communicate them as soon as possible so that we may work out a mutually beneficial payment plan and not jeopardize your credit.

Workers Compensation: We bill your open and approved worker's compensation claim. Please be advised that in the event your claim is denied, you are financially responsible for all charges.

Motor Vehicle Accident: If you have Personal Injury Protection (PIP) we will bill your auto insurance. If your PIP is exhausted you may use your healthcare insurance to cover visits.

Supplies: Supplies are payable at the time of service. We will provide you with a receipt, so you may seek reimbursement from your insurance company.

Scheduling/ Attendance: Physical therapy is effective treatment if you are consistent with visits and your home exercise program. We are happy to reschedule your appointments when a conflict occurs, however, we request a 24-hour notice to do so. If you fail to attend a scheduled appointment, or do not give us 24-hour prior notification, you will be assessed a fee of \$50. If you cancel or fail to show for 2 consecutive sessions, we will consider this a voluntary discharge from our care and remove any future appointments



15811 Ambaum Blvd SW Suite 140, Burien WA 98166
tel. 206.327.9880 ~ fax. 206.327.9977 ~ inquiry@lakeburienpt.com ~ www.lakeburienpt.com

from our schedule. Arriving on time for your appointments is also critical to the optimal delivery of care. Chronic late arrivals are disruptive to the success of your care plan. Arriving more than 10 minutes late for 2 or more visits may result in discontinuing physical therapy. In the event that you are discharged, your referring provider or case manager will be notified of the reason for discharge from physical therapy.

Non-discrimination: Admission to our clinic is non-discriminatory for services rendered, regardless of race, color, national origin, disability, or age. All clients who come to our clinic for services are protected against discrimination by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Please be aware that you are financially responsible for services rendered. In the event your account becomes delinquent and is therefore in default of payment, the patient, legal guardian, or admitting parent is responsible for the amount owing and all reasonable costs associated with the collection of this debt, including but not limited to, collection service fees, attorney's fees and all court costs and additional legal fees associated with the recovery of this debt.

Thank you for allowing LBPT the opportunity to serve you. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, please do not hesitate to ask for our assistance.

Please sign and date below, acknowledging you have read the above.

Signature: _____

Date: _____