EXCELLENCE IN PHYSICAL THERAPY

675 Atlantic Avenue
Rochester, NY 14609
Phone: 585-288-1260
Fax: 585-654-6053

Financial Policy:

- Full payment, including co-payments, is expected at the time of service unless other arrangements are made prior to the scheduled visit.
- High-deductible patients not yet meeting their deductible, payment of $50 on your day of service is expected and will be credited to your account.
- 24 Hour notice is required for cancellations. A charge of $50.00 will apply if proper notice is not provided, during normal business hours.
- Returned checks are subject to a $25.00 service charge and may terminate your privilege to pay by check at future visits.
- It is understood and agreed that in the event any outstanding balance is not paid by your insurance company, you are personally responsible for all fees due.
- A 5% interest charge will be applied to any balances over 60 days old.
- Should for any reason my account be turned over for collection, a 20% fee will be added to my balance due.
- Please be informed that if you have two missed scheduled appointments without notification, you will be discharged from the practice.

Authorization Request:

I give my authorization for Excellence in Physical Therapy to request X-Ray, MRI, CT Scan, and/or surgical reports.

Receipt of Notice of Private Practices:

I have been notified of Excellence in Physical Therapy's Privacy Practices. (See additional information packet)

_____ Date _____
Signature of Patient

Updated 01/01/2016