

BILLING POLICY

IF WE ARE BILLING YOUR INSURANCE COMPANY PLEASE CONTACT YOUR INSURANCE FOR THE FOLLOWING INFORMATION BEFORE YOU ARE SEEN.

Questions that need to be answered so that you know your outpatient physical therapy benefits are:

Outpatient physical therapy benefit % PAID PER VISIT _____

Dollar/Visit max per year? Amount/Number of visits _____

Do you have a deductible or co-pay? _____

Is Kay Lakey Physical Therapy a provider with your Insurance? _____

The NPI number is 1811058134

Do you need a Prescription of Referral for PT? _____

Most insurance companies require a written authorization from you Doctor. Please be sure you have this with you or on file here.

We are providers for Premera BlueCross/Blue Shield, Lifewise, First Choice Health, Regence, Uniform, Group Health Cooperative and Labor and Industries. We will bill PIP by arrangement only. We expect payment within 60 days of the date of service by you or your insurance. We are not a Medicare provider.

Payment for any co-pays or supplies should be made at the time of your visit. We accept Cash, Check, Visa and MasterCard, American Express and Discover Card.

We will charge \$25.00 for NSF check fees if necessary.

Cancel/No Show Policy:

We ask that you call 24 hours in advance, Monday-Friday, if you need to cancel or reschedule your appointment. Failure to do so will result in a charge which is NOT payable by insurance. We appreciate your cooperation.

I understand that my insurance company does not guarantee payment and I am financially responsible for all charges incurred with Kay Lakey Physical Therapy.

SIGNATURE

DATE