

THERAPEUTIC SOLUTIONS PHYSICAL THERAPY

1757 Merrick Avenue, Suite 100
North Merrick, N.Y. 11566
Ph: (516) 623-4388 Fax: (516) 623-1948

Empire Plan Patients

Dear Empire Patients,

In an effort for Therapeutic Solutions Physical Therapy to treat you in the most professional and cost efficient way this document serves as a reimbursement agreement between you, the patient, and Therapeutic Solutions Physical Therapy, the provider.

Therapeutic Solutions Physical Therapy is an out of network provider. In an out of network situation', the patient is responsible for any and all deductibles (usually \$350.00) as well as the 50% of our reasonable and customary fee that the insurance company does not reimburse us for. We realize that this can be very expensive for our patients. In an effort to provide 'out of network services', at a reasonable rate for our patients, we have devised an easy payment plan. Therapeutic Solutions Physical Therapy will accept reimbursements dispensed by Empire. This is usually 50% of our fee. That is a major savings for 'out-of network services'. The patient will receive the payments for their physical therapy directly from the insurance company. It is the responsibility of the patient to bring these payments and explanation of benefits to our office, sign reimbursements over to us, and pay \$20.00 each time you attend physical therapy. The \$20.00 will be applied towards your deductible. Furthermore, the \$20.00 payments will be expected at the time of each visit and will remain in effect for all visits. The insurance company will not dispense any information pertaining to payments made by them as we are not participating providers. It is the patient's responsibility to obtain any information in regards to payments if and when requested by Therapeutic Solutions Physical Therapy to do so. The patient must comply with the required amounts of visits prescribed by the physician and physical therapist. If at any time, you, the patient, is not in compliance with this agreement, you will be responsible for the full \$250.00 deductible as well as 100% of our bill.

Jamie Rockwin, PT, DPT
Director of Rehabilitation

Patient's name

Patient's signature

Date