

NOTIFICATION OF PATIENT RESPONSIBILITY

We require a 24 hour notice for all cancellations. If, in the event of an emergency occurs after hours, please leave a message on the answering machine.

407 Old Branch Ave, Suite 101, Temple Hills MD 20748 * Phone: 301-358-6155* Fax: 301-423-1440

Your insurance policy requires the payment of co-payments and deductible amounts from you at the time of service. Your insurance company also requires **Portera Rehabilitation** to collect your co-payment or unmet deductible amount. Not adhering to these terms could be a violation of our contract with your insurance company and risk not being reimbursed for your treatment process.

“Portera Rehabilitation verifies benefits as a courtesy to you. However, Portera Rehabilitation does not accept responsibility for any incorrect information given by your insurance carrier regarding your co-pay/co-insurance benefits or benefit plans.”

If co-insurance responsibility has been established we may ask that you make small payments towards the ending balance. This is **NOT** intended to release/relieve or negate you from the responsibility of the final balance due. Based on that information your insurance company provided us, the **ESTIMATED** amount that you are responsible for is listed below.

Co-Payment: \$ _____ per visit

Co-Insurance: _____ % per

visit

Deductible Amount \$ _____ per benefit period

Deductible Amount still to meet \$ _____

We reiterate again, **“Portera Rehabilitation verifies benefits as a courtesy to you. However Portera Rehabilitation, does not accept responsibility for any incorrect information given by your insurance carrier regarding your co- pay/co-insurance benefits or benefit plans.”**

- Our Front Office staff can accept payment from you in the form of credit card, check or cash. As a courtesy, we will bill your insurance company for their portion of the bill.
- There will be a **\$40.00 cancellation/no show fee** for all appointments that are not rescheduled or cancelled within 24 hours. Fees are due at your next scheduled appointment. Your insurance company does not cover these fees.
- Home Care Patients ONLY- There will be a **\$35.00** fee for verified appointments that are not honored (knock to unanswered door). This fee is not covered by your insurance company and will be due at your next visit.

Please verify that you understand your financial responsibility by signing and dating this form and let us know if we can assist you in any other way.

Patient Signature

Date

Center Representative/Witness

Date