

Insurance and Patient Payment Acknowledgment

At PT 360, we do our best to gather all the information possible to determine each patient's insurance coverage and patient portion remaining. Due to the variety of insurance companies and their policies, making any estimation of the patient's portion of payment can be difficult. Additionally, there are times when an insurance company may not pay as much as anticipated. Any balance that is remaining after the insurance payments is the patient's responsibility to pay. If a balance is due, we offer flexible payment plans that can make payments affordable. Our patients are our highest priority and these options are offered to better serve you.

I understand that any balance that is not covered by my insurance is my responsibility to pay.

Patient Signature _____

Date _____

For patients that choose a payment plan, please complete the section below.

A. I would like to pay the following each month:

- \$250 per month
- \$300 per month
- \$400 per month

B. Pay automatically with a credit card

- Visa MasterCard
- Discover AMEX

Card # _____ Exp. Date _____ V-code _____

Billing Address _____ Zip Code _____

C. Please charge my account on:

- 15th of each month
- 30th of each month
- Please send me a receipt

Signature _____