

2661 Riva Road
Bldg. 600, Suite 601
Annapolis, MD 21401
Phone: 410-266-6626
Fax: 410-266-3026

2006 Industrial Drive
Annapolis, MD 21401
Phone: 410-266-7174
www.AnnapolisPT.com



Doug Wallop, P.T.
Ann Wallop, P.T.
Phyllis Hayden, P.T.
Anne Harmon, P.T.
Michael Wells, D.P.T.

Christine Jones-Sheehy,
P.T.A.
Lynn Sullivan, D.P.T., O.C.S
Holly Hatton, P.T.A.
Rachel Dalby, D.P.T.

Patient Financial Policy for Annapolis Family Physical Therapy

Patient's Name: _____ Account # _____

You are required to present a valid insurance card and photo identification prior to your initial visit.

Patient agrees to pay for all portions of service due in full at the time services are provided by our office.

Commercial Insurance Carriers: We bill most insurance carriers for you if proper paperwork is provided to us. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointments. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from you.

Medicare: Our office is a Medicare participating provider and we will bill Medicare for you. We will bill your secondary insurance that automatically crossover through the CMS (Medicare System). If you're secondary claims do not crossover it is the patient's responsibility for filing these claims. As a courtesy we will mail you a claim form that you can then send to your insurance carrier. Any outstanding balances and deductibles are due prior to your appointments.

Workers Compensation/Personal Injury: If your visit is work related or auto related we will need the case number, carrier, and adjusters name prior to your visit in order to bill the workers compensation or auto insurance company.

Our office accepts the following payment methods: Cash, Personal Checks, Visa, MasterCard, and Discover.

For returned checks we assess a \$25.00 NSF charge, and report to the local district attorney's office checks that are not paid within 2 weeks of being returned to our office.

If not paid according to terms the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections, patient agrees to pay all additional fees assessed in the collection of debt. These fees include collection agency fees and attorney fees.

The patient is ultimately responsible for all fees for service. I have read, understood and agreed to the above financial policy for payments of professional fees.

Signature: _____ Date: _____