SPINE & SPORT
PHYSICAL THERAPY

Jody B. Rawlings PT, DPT
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Rexburg, ID 83440
phone (208) 359-6127
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Financial Policy

Patient Name:_____ **Patient Guardian:**_____

Thank you for choosing and trusting us with your therapy. We strive to provide the best care available. Please let us know if there is anything we can do to make your visit better.

We require that you pay your co-pays, deductibles, and other payments due at the time of service. We realize that you may be coming in for multiple visits until your therapy is complete. Therefor, at Spine & Sport, we are flexible and offer multiple options for payment. Please ask our office manager for a payment option that will work for you.

Promise to Pay

I agree to pay my account in full at the time of services unless before services are performed Spine & Sport agrees to other payments arrangements. I understand that Spine & Sport will submit insurance benefits for payment only as a courtesy for me. I agree to pay 18% interest on the outstanding balance of my account with interest to commence 60 days after services even if payment from my insurance company is pending. I also agree to pay an additional service charge of 50 cents per month on my account. If Spine & Sport assigns my account to a collection agency for collections, I agree to pay all reasonable costs and attorney's fees incurred to collect my account. I agree that a $20.00 collection fee shall be added to my account as a reasonable cost if Spine & Sport assigns my account to a collection agency. I agree to pay as a reasonable attorney's fee $350 or 35% of the principal and interest on my account balance, whichever is greater, if my account is assigned to a collection agency and suit is filed to recover payment on my account.

Payment Options

Please circle a payment option: Check Cash Credit Card

I have read/understand and agree to Spine & Sport's Financial Policy.

_____ _____

Authorized Signature Date