



# Lucas Therapies

Providers of Physical & Occupational Therapy Phone 540.772.8022 Fax 540.772.0294

## Financial Policy

**No Show & Cancellation Fee Policy:** In an event you need to cancel your appointment, we require at least 24 hours' notice. Your appointment time is very important to us. If we do not get at least 24 hours' notice of your cancellation, we may not be able to schedule another patient who may need that time slot. This is detrimental to us and to the patients we serve. You will be charged a \$45.00 cancellation fee.

Repeated no shows or late cancellations are disruptive to the optimal delivery of care and may indicate a lack of commitment to your health and wellness. As a result, 3 late cancellations and/or no shows may result in discontinuation of therapy. If you are discharged from our care, your referring provider and/or claims manager will be notified of the reason for discharge from therapy. We realize that emergencies do occur, and we will give reasonable consideration for illnesses or unforeseen emergencies.

**Financial Policy:** A medical insurance policy is a contract between you and your insurance company. Coverage depends upon your insurance company and the specific plan you have chosen. Lucas Therapies is contracted with most insurance companies and as a service to patients we agree to submit your claims directly to them. You may need a current physician's prescription/referral for therapy services in order to submit your claim. Referrals are current for 30 days unless otherwise specified. For us to submit a claim to your insurance company, we will need a copy of your insurance card. A fee of \$25.00 will be charged for any check returned by the bank for Non-Sufficient Funds.

All patient co-payments and deductibles are due at time of treatment.

**Medicare Patients:** If you choose to schedule therapy without a physician's prescription/referral, we MUST obtain a signed therapy plan of care from your physician within 30 days of your initial visit. Also, you must be discharged from any home health care services or agency prior to initiating outpatient therapy. Medicare will not pay for both home health and outpatient care simultaneously.

**Work Injury Claims:** Medical expenses resulting from a workplace injury/disease will be submitted to the workers' compensation program on an open claim. However, if a claim is denied for any reason, the patient will be fully responsible for the total cost of the care provided.

**Sel-Pay Policy:** We offer patients a **flat fee of \$50.00/visit, due at the time of service. Please note the initial evaluation rate is \$100.00.** This discount is based on the administrative savings to our practice when receiving payments up front rather than billing for services. We will not bill your insurance company for services provided under this arrangement. No forms will be produced now or in the future for you to submit claims for insurance billing.

**Unaccompanied Minors Policy:** Lucas Therapies, PC is authorized to provide treatment to a minor as appropriate when they arrive to an appointment unaccompanied by a parent/guardian; this may include changes in the current therapy the minor is receiving including treatments and exercises. The above financial policy is applicable to guarantor of unaccompanied minor.

**I understand the Clinic and Financial policies as described above. I authorize my medical benefits to be paid directly to Main Clinic for my services. I acknowledge that I am financially responsible for any balance due on all covered or non-covered services. I authorize the release of any medical or other information necessary to process the claim or provide continuity of care. I consent to receive treatment as prescribed by my provider.**