



SELF PAY PLAN FOR THERAPY SERVICES

In an attempt to keep therapy services accessible to patients, First Choice Medical Group has developed a discounted Self Pay Plan for patients who either do not have insurance or whose insurance does not cover Physical/Occupational Therapy.

It is important to understand that this program cannot be utilized in lieu of processing benefits through your insurance carrier. If we are aware that you have insurance coverage, First Choice Medical Group is obligated to process therapy claims through your insurance carrier. The only exception to this would be if First Choice Medical Group is not in network with your insurance carrier. If this is the case, then you would be eligible for the Self Pay Plan.

The self-pay fee per visit is based on a 75% discount that is applied to the total sum of charges accrued for that particular visit. This is illustrated in the example below:

4 units of Therapeutic Exercise (approx. 1 hour) = \$260 x 75% discount → \$65 charge for that visit

To take advantage of this discounted rate on therapy services, there are specific expectations that need to be maintained:

- Payment must be made on the day of service to keep your account current. This can be done either at check-in using an estimate of charges or at the end of the session so that an accurate fee can be calculated.
- Payment must be made BEFORE the next visit – no exceptions. Failure to stay current will prohibit any additional/future visits.

Please note that there is no form of deferred payment that can be used for this Self Pay Plan. The discount is applied because payment is rendered at the time of service. If you have been discharged or decide to self-discharge yourself and if the last visit remains unpaid for 90 days, you will be billed the entire amount of the unpaid visit.

By signing below, you agree to the terms of the Therapy Self Pay Plan as stated above and understand that you will be responsible for the full cost of services rendered if payment on the account is not kept current.

Name of Patient

Signature

Date