Mann Therapies, LLC

Mann Method
PT and Fitness, PLLC

13825 W. 85th Drive, Suite 200
Arvada, CO 80005

Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing the best physical therapy treatment we can and payment of your bill is part of the treatment. The following is our Financial Policy, and we require you read and sign it prior to treatment.

1. Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately each visit you were seen for, the payments made by your insurance company to those dates, any contract adjustments; other adjustments if applicable, co-pays and other payments you have paid, and finance charge, if any.
2. Insurance and contact information: It is your responsibility to inform our clinic of your insurance coverage change and to maintain current and correct contact information.
3. Payment if you have no insurance: Full payment is due at the time of service; Initial Physical Therapy evaluation with treatment $150.00; all following visits $100.00.
4. Payment if you have insurance: We will bill your insurance if we are providers with them. Please check with us or your insurance company to see if we are providers. Not all our providers are contracted with the same insurance companies. **By signing this Financial Policy, you agree to be responsible for all charges not paid by your insurance company.**
5. Payments: Unless other arrangements are approved by us, the balance on your statement is due and payable when the statement is issued and is past due if not paid by the 28th of each month.
6. Contracted Insurances: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. **By signing this Financial Policy, you agree to be responsible for all charges not paid by your insurance company.**
7. Non-contracted Insurances: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You are responsible to pay any portion of the charges not covered by insurance. Required payments: Any co-payments required by an insurance company must be paid at the time of service. Returned checks: There is a fee (currently $50) for any checks returned by the bank.
8. Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Jefferson County, Colorado.
9. Waiver of confidentiality: If your account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, you understand and agree that your information may become a matter of public record.

Print Patient Name: _____

_____ _____ _____

Patient Signature Parent/Guardian Signature Date