TPMG
YOUR HEALTH, SKILLFULLY GUIDED

PHYSICAL THERAPY – NEWPORT NEWS
11751 Rock Landing Drive, Suite 3
(757) 223-9403

PHYSICAL THERAPY – WILLIAMSBURG
5424 Discovery Park Blvd., Bldg. B, Suite 101
(757) 345-2512

PHYSICAL THERAPY DEPARTMENT POLICIES

TPMG Physical Therapy is dedicated to providing the best possible care for you, and we want you to have a complete understanding of our financial policies.

Co-payments, deductibles, and co-insurance are a part of the contractual agreement between you and your insurance company. Your insurance company requires us to collect your co-payment in full at the time of service. If your plan also has a deductible and/or co-insurance that hasn't been met, we may collect a portion of your deductible at the time of your visit.

For your visit:

- Bring your insurance card
- Photo ID
- Co-pay or co-insurance
  If your balance exceeds $150, you will be required to make a payment or set up a payment plan in order to continue care.
- If your insurance company requires you to have a referral from your primary care physician, you will need to have that faxed to our office or bring it with you to your appointment. If you do not have the referral, your insurance company may not cover your charges, and you will be responsible for payment for services rendered.

After your visit:

- We will file your primary insurance claims for all insurers that we are a participating provider.
  Note: Not all insurance plans cover all services. In the event your insurance plan determines a service to be a "non-covered" service, you will be responsible for the complete charge.
  If you do not agree with the insurance company denial, we will assist you in any way we can, but you must resolve the matter with your insurance company.
- Payment is due upon receipt of a statement from TPMG unless other arrangements have been made with our office.
- Before you complete your Physical Therapy program for treatment, you will be provided with your account balance which will be due within 30 days of completion of your program.

CANCELLATION/NO-SHOW POLICY:

If you are unable to keep your appointment, please call our office to reschedule or cancel at least 24 hours in advance. Patients who no-show an appointment or who do not cancel with proper notice may be assessed a $75.00 NO-SHOW fee. *This fee is not covered by any medical insurance and must be paid before your next TPMG Physical Therapy appointment.*

If you have two NO-SHOW appointments in a row, all remaining appointments with our office will be cancelled, and you will be responsible for calling back to reschedule the appointments.

I have read the above policy and agree to be bound by its terms.

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Signature of patient or responsible party Date