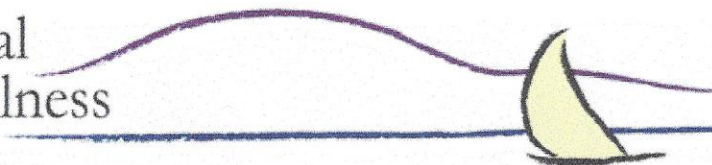


Harbor Physical Therapy & Wellness CLINIC



5508 Harbor Ave.
P.O. Box 958
Freeland, WA 98249
Ph: 360-331-3969
Fx: 360-341-0152

TIMELINESS

We value your time and do not want to keep you waiting. Occasionally we are delayed by and unexpected event with another patient, but please be assured that the quality of your treatment will not suffer. If you arrive late, your treatment will not suffer. If you arrive late, your treatment will end at its scheduled time in order not to keep the next person waiting.

CANCELLATIONS AND NO-SHOWS

Cancellations or changes must be made the day prior to the scheduled appointment. If a patient fails to show for their scheduled appointment we reserve the right to charge a fee of at least \$25. If a patient cancels an excessive number of times, physical therapy services will be discontinued and the referring doctor will be notified.

FINANCIAL POLICIES

We are happy to bill many insurance companies as a courtesy to our patients. We will do our best to verify that physical therapy is a covered benefit through your insurance company and to determine the extent of that coverage. Please know however, that if payment is denied by the insurance company after you have received treatment, you are responsible for the balance on your account. If we find that your insurance plan does not cover physical therapy, we will do our best to work out a solution with you to enable you to receive the treatment you need.

Please know that we do not bill secondary insurance plans, except for Medicare supplementary plans which are forwarded directly to the insurer from Medicare. Regardless of your secondary coverage, you will be responsible for whatever your primary insurance plan does not cover.

Many insurance plans require a co-payment. It is your choice whether you pay your co-pay at the time of service or we bill you for it. If you wish to be billed, please make arrangements to do so with the front desk.

Payment must be made either at the time services are rendered, or upon receipt of your bill, unless you contact us to make other arrangements. We offer flexible payment schedules if your financial situation will not let you pay the full balance. In the event that your account becomes seriously past due and you have not made an attempt to contact us to make payment arrangements, your account will be turned over to a collection agency.

I have read and understand the terms of this agreement.

Printed Name: _____

Signature: _____

Date: _____