



**balance**  
REHABILITATION AND  
HEALTH SCIENCE, LLC

## FINANCIAL POLICY

### Medical Insurances:

We participate with and bill the following insurances: Aetna, Anthem, Cigna, Harvard Pilgrim HealthCare, HealthCare Value Management, Medicare, NH Medicaid, Private HealthCare System, Tufts PPO, Choice Care Network and certain United HealthCare plans (see receptionist for details).

**Please provide us with ALL of your information if you have multiple policies.** (E.g. Medicare and Medigap) We will file supplemental or secondary insurances when appropriate. We will make a reasonable effort to bill other insurance companies; however, there may not be any benefits or limited benefits for services provided by our therapists. You must obtain all necessary referrals and/or prescriptions before beginning Physical Therapy. *Please be advised that it is your responsibility to contact your insurance company to determine your coverage prior to treatment.*

### Managed Care Insurances & Referrals

Our therapists may not be authorized to provide service for patients with managed care insurance without a referral from a primary care physician. Please contact your primary care physician for a referral authorization. If you do not have an authorization prior to your appointment, you will be asked to sign a waiver accepting responsibility for payment should authorization be denied.

### Understanding your insurance coverage:

We will do our best to help you understand your benefits. If you have any questions about your health insurance in regards to coverage for physical therapy services, please call us at (603) 890-8844.

### Payment at Time of Service:

If you have no medical insurance, payment in full is expected at the time of service. **Co-payments are due at the time of service.** Co-insurances and deductibles are billed within 30 days of service and are payable upon receipt. Patients with previous uncollectible balances are expected to pay before the provision of services. **We accept cash, checks, debit cards, and most credit cards.**

### Minors:

It is our policy that the individual who brings a child/minor into our offices and consents to treatment for services is accepting full responsibility for any balance due for services rendered.

**I authorize** assignment of insurance benefits to Balance Physical Therapy, LLC for the purpose of payment towards services rendered by Balance Physical Therapy, LLC.

**I understand and agree that regardless of my insurance status, I am ultimately responsible for my account for any professional services rendered by Balance Physical Therapy, LLC.**

I have read this **FINANCIAL POLICY** and verify that all the insurance information that I have provided to Balance Physical Therapy, LLC is true, accurate and complete to the best of my knowledge.



[www.balance-rehab.com](http://www.balance-rehab.com)

Balance at Country Shoppes • 58 Range Road, Suite C • Windham, NH 03087 • phone: 603.890.8844 • fax: 603.890.8845

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## Balance Physical Therapy Scheduling Policy

We do our best to schedule your appointments at convenient times so that you will receive consistent and effective physical therapy. We try to accommodate the scheduling needs of all of our patients. In consideration to our physical therapists, staff and all of our patients here at Balance Physical Therapy, we respectfully request the following:

- **PLEASE SCHEDULE APPOINTMENTS AS FAR IN ADVANCE AS POSSIBLE**  
This is especially beneficial if your availability is limited to particular times in the day or particular days of the week. Our busiest times are early in the morning and mid-to-late afternoons. Booking in advance will increase the likelihood of getting the most convenient time for you.
- **PLEASE BE TIMELY FOR YOUR APPOINTMENTS.**  
If you arrive more than 15 minutes late for your scheduled appointment, you may have to be rescheduled. This is for the benefit of you and other patients being treated.
- **PLEASE GIVE US AT LEAST 24 HOURS NOTICE FOR CANCELLATION OR RESCHEDULING.**  
Please give us 24 hours notice if you are unable to attend your appointment. **If you give us less than 24 hours notice, we will charge you \$25.00 for the missed appointment.** Balance Physical Therapy will “forgive” one missed or cancelled appointment with less than 24 hours notice.

THANK YOU FOR YOUR COOPERATION.



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