



**PORTSMOUTH**  
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**DOVER**  
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## BILLING POLICIES

**Please review the following billing policies for Lighthouse Physical Therapy. These policies apply to all of our patients.**

**1. PAYMENT: Payment is due at the time of service.** Payment includes, but is not limited to, any co-pays, deductibles or balances remaining after possible insurance benefits. Payment may be made in cash, personal check or credit card. If a check is returned because of insufficient funds, we reserve the right to charge you for any bank service charges that we occur. Payment for any returned check is expected by your next scheduled appointment or within 10 days of the check being returned to us (whichever occurs first).

**2. INSURANCE: Before your appointment we will verify physical therapy benefits for you if time and available information allow. However, verification of benefits does not guarantee payment until the claim is received. It is your responsibility to understand your particular insurance contract.** The insurance contract is between you, your employer and the insurance company. Insurance companies have contracted with you to help you pay your medical expenses. There are specific exclusions and restrictions, which may be placed on your coverage. Not all services provided are covered benefits in all insurance contracts.

Some insurance plans will not reimburse our office for visits unless there is a referral on file from your primary care physician. Your Medicare insurance policy requires you to be under a doctor's or specialist's care in order to receive physical therapy benefits. **You are responsible for arranging an appropriate referral from your primary care physician prior to your appointment. If we do not receive the referral prior to or by the time of your appointment, you will personally be responsible for the full cost of the visit.**

**3. WORKER COMPENSATION/AUTO ACCIDENT Patients:** You must provide Lighthouse Physical Therapy with the following information **prior** to your appointment. The name of the insurance company, the address and phone number, the contact person you are working with, their phone number (if different) and the claim number they have assigned to you. **Before your appointment we will verify physical therapy benefits for you; however verification of benefits does not guarantee payment until claim is received. (Auto insurance claims only - You will also be required to pay a deposit for each visit up until the insurance starts to pay Lighthouse Physical Therapy and then you will be reimbursed for those payments.) However, if the insurance should pay you directly, you will be responsible for paying the difference to Lighthouse Physical Therapy.**

**5. NOTIFICATION: It is your responsibility to notify Lighthouse Physical Therapy of any changes with your insurance policy prior to your scheduled appointment.** This includes, but is not limited to, anytime you receive a new insurance card, change primary care physicians, change insurance companies, etc. and service provider. It is also your responsibility to notify us of any changes in your address and/or phone numbers, including contact numbers.

I have read the billing policies outlined and understand these policies. **I also understand that regardless of the type of insurance, I am still financially responsible for all charges for service provided to me or my child.**

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian (if patient under 18)

\_\_\_\_\_  
Date