TOTAL CARE PHYSICAL THERAPY & FITNESS

1921 Waldemere Street
Suite 613

PH: 941-917-4452
Fax: 941-917-4455

PATIENT FINANCIAL RESPONSIBILITY

To All of Our Patients: We will, as a courtesy, file your insurance claims for you. Please be advised that it is solely your responsibility to know and understand your insurance coverage, deductibles, out-of-pocket expenses, co-pays, limits or caps, and whether we are a participating provider in your insurance network.

If, for any reason, your insurance does not pay for any or all of your treatment here at Total Care Physical Therapy & Fitness you, as the patient or legal guardian thereof, are financially responsible for the outstanding balance.

Medicare Patients: We have chosen to participate with Medicare. However, they only cover 80% of the allowed amount. Be advised that you or your supplemental insurance carrier will be billed the remaining 20%.

HMO & PPO Patients: Associated co-pays are due at the time of service.

I (legibly printed name of patient/legal guardian) ______________________________ accept responsibility for my bill. I authorize payment of all insurance benefits to Total Care Physical Therapy & Fitness and agree to pay any partial or total charges that exceed or are not otherwise covered by my insurance.

Patient's/Legal Guardian's Signature: ___________________________ **Date:** ______