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Health Insurance Billing Policy

It is the policy of Real Rehab, PLLC to bill your primary (and secondary if applicable) insurance policies for you. Our services are typically covered by most health insurance policies. However, there are variances in benefits among insurance companies and among policies, and not all services will always be covered by every company. We will attempt to verify your insurance and explain your Physical Therapy benefits to you. We will also notify you of required payments as they apply. Copayments will be due at the time of each visit coinsurance charges will be billed to you after payment, or explanation of payment, has been made by your insurance company. Should prior authorization/referral be required by your insurance provider, it is ultimately your responsibility to ensure that the process has been initiated and completed. Any fees not covered by your insurance are your responsibility.

By signing below I hereby authorize my insurance company to pay directly to Real Rehab, PLLC the amounts due for services rendered to me or to my dependent. I authorize the release of my Physical Therapy records as needed to process my insurance claim, as well as with other healthcare providers if needed to allow better collaboration between providers. I understand that I am responsible for all unpaid charges owed to Real Rehab Physical Therapy for services rendered and/or equipment purchased.

Signature _____ Date _____

To be completed by staff:

The benefits quoted below are not a guarantee of benefits. Our clinic provides a summary of them when we can, as a courtesy to the patient. We encourage you to call your insurance company to verify your specific outpatient physical therapy benefits.

Patient Name:
Copay: _____ **Deductible:** _____
Coinsurance: _____ **Visit Limit:** _____
Prescription or Authorization Required Yes / No **Ins Co. Rep:** _____ **Date Called:** _____
Out of Network Benefits: Yes / No **If so, please talk with us about specific financial agreements.**

I certify that I have read the above quoted benefits and that I understand they are not a guarantee of benefits, merely provided to me as a courtesy of Real Rehab Physical Therapy. I understand that it is my responsibility to call my insurance company and verify my insurance benefits. Real Rehab Physical Therapy is in no way responsible for the verification of medical insurance benefits.

Signed _____ Date _____

Release of Information and Consent for Treatment

I hereby consent to Physical Therapy services, evaluation and treatment at Real Rehab, PLLC as directed by my Physician and/or Physical Therapist. I have received a copy of the HIPAA Notice of Privacy Practice for Personal Health Information from Real Rehab, PLLC. I authorize Real Rehab, PLLC to release and discuss my Physical Therapy records with my physician:

Physician's Name _____

Patient Signature _____ Date _____

Guardian _____ Witness _____