



Responsibility Statement

Jersey Physical Therapy Associates, LLC, has agreed to wait for your insurance company to pay our charges in lieu of immediate payment by yourself. This courtesy in no way releases you, the patient, from the ultimate responsibility for Jersey Physical Therapy Associates' charges. Your insurance coverage is not a substitute for payment; it is merely one method you may use to pay our charges. Most insurance companies have limits to the amounts they will pay for our services. These limitations are written into the contract that you, the patient, sign with them. Jersey Physical Therapy Associates, LLC, has no control over the amounts your particular insurance company may or may not pay. Any portion of our charges that is not paid by your insurance company immediately becomes your responsibility, unless prohibited by laws governing motor vehicle PIP coverage and/or Worker's Compensation insurance coverage.

Jersey Physical Therapy Associates, LLC, has called your insurance company to determine a preliminary quotation for coverage for outpatient physical therapy services. This information is in no way a guarantee of payment. Your insurance company will make a final determination of eligibility upon receipt of the claim.

Jersey Physical Therapy Associates, LLC, considers an explanation of benefits, (E.O.B.) received with or without payment from your insurance company to be the final word on what you may owe for each submitted claim. If a claim is paid incorrectly, Jersey Physical Therapy Associate, LLC, still requires payment from you as stated in the E.O.B., but will assist you in learning ways to resubmit the claim and have the correct amount refunded to you.

Jersey Physical Therapy Associates, LLC, has business contracts with several insurance companies that require us to accept a reduced fee schedule in exchange for the right to be able to treat each company's insured individuals. If we are so required by your insurance company, the E.O.B. will clearly state what portion of our charges are considered over and above the contracted fee schedule. If this applies to your policy, you would not be responsible for any amounts specifically labeled discounted, but you are still liable for any and all other charges as per the above policies and procedures. This includes, but is not limited to, your failure, if applicable, to maintain a physician's prescription that is current within the past 30 days.

As the responsible party for payment of Jersey Physical Therapy Associates' charges for providing physical therapy services, I state that I have read and completely accept my rights and responsibilities with regards to the above policies and procedures.

Signed: _____ Date: _____

Patient: _____