

CREDIT POLICY

A finance charge of 1% monthly will be incurred for unpaid balances in excess of 90 days from the date of service.

We are happy to extend to you the courtesy of a credit account with us. Our credit policy has two options. Please initial the payment option of your choice.

_____ Option #1: We expect payment within 30 days after billing you.

_____ Option #2: If your bill is to be paid by a third party, for example an insurance company, it is required that you sign an assignment of benefit so that the insurance company can pay us directly (see below). It is your responsibility that such assignment is executed in a timely manner. If payment is not received within 30 days after billing, it is your responsibility to begin monthly payments.

THERE IS A 5% DISCOUNT FOR PAYMENTS MADE THE DAY OR WEEK OF TREATMENT.

Our care is rendered to you regardless of what percentage of our fees your insurance contract will pay or what the results of any legal action may be. Regardless of what option you choose, you are responsible for the total cost of our services to you. Our fees are meant to be reasonable and competitive; we will be happy to discuss them with you.

I have read the above, understand it, and agree to it.

DATE

SIGNATURE

IMPORTANT!!

I hereby authorize any insurance company to pay the proceeds of any benefits due me directly to NORTHWOODS THERAPY ASSOCIATES. In addition, I authorize this office to release any information regarding my evaluation and/or treatment to the appropriate insurance facility.

Signature _____ Date _____