

CASCADE SUMMIT PHYSICAL THERAPY

111 South 3rd Street

Yakima, WA 98901

Phone: 249-8704

Fax: 249-8706

www.cascadesummitpt.com

Credit Policy

As a courtesy, we will gladly bill your insurance company for you. However, you are responsible for the total balance due. Any disputed claims are between you and your insurance company. We will be happy to provide your insurance company with any information that is needed to process your claim.

Any co-payments are expected at the time of service unless previous arrangements have been made. Regular monthly payments are expected on the patient responsibility portion of your balance. For those patients with large outstanding balances a payment plan may be approved by our Business Manager, Yolanda.

Patients who are covered by DSHS coupons must present a valid medical coupon at time of service.

No Show Policy

If you fail to attend physical therapy for a period of 2 weeks or longer without prior discussion of your absence with your physical therapist or if you fail to attend 3 consecutive scheduled appointments, you will automatically be discharged from Physical Therapy. If you are discharged from Physical Therapy due to non-compliance, you will be required to return to your physician to obtain a new Rx to continue Physical Therapy. To avoid discharge, please inform your therapist of any short-term absence or notify us by phone to cancel and reschedule your appointments.

I have read the Credit and No Show Policy for Cascade Summit Physical Therapy and accept the terms:

Signature_____ Date_____

Parent or Guardian Signature if under 18_____