

# CORE SERVICES, INC.

## FINANCIAL POLICY

Thank you for choosing CORE Services, Inc. (CORE) as your rehabilitation provider. We appreciate your trust and the opportunity to serve you. As part of our effort to provide the best services available while working to contain your healthcare cost, CORE will make best efforts to work with your insurance carrier. In order for you to have a clear understanding of this, we have implemented a Financial Policy. Please read and sign the following statements that will explain the reimbursement process and outline the patient's financial responsibility.

### Filing Insurance

CORE will submit all insurance claims as a service to the patient; however, co-payments, co-insurance and unmet deductibles must be paid at the time of service. Filing insurance is a service we provide, however, it does not relieve the patient from responsibility for any outstanding balance for deductible, co-insurance or co-payment. Some insurance companies require medical or administrative pre-authorization for treatment, or have reimbursement limits on physical therapy treatment. It is your responsibility to know and meet the requirements of your insurance plan. If insurance payment is not received within 90 days, CORE reserves the right to transfer the unpaid balance to the patient for full and prompt payment. Should CORE exercise this right, payment may be made by cash, check or credit card. A payment plan may be established at our discretion. A 1.5% interest charge will be assessed on all accounts not paid within 6 months of service.

### Non-Covered Services

Each insurance policy may contain clauses that prohibit payment for a particular service. This is strictly the decision of the insurance carrier and may be made regardless of medical necessity. It simply means that the policy does not pay for a particular service. Such payments are the responsibility of the patient. In addition, some supplies needed in treatment may not be covered by insurance. You will be advised of any such items and payment is expected before you receive such an item.

### "Usual & Customary Rates"

Every insurance carrier uses a table of "usual & customary rates" (UCR). These rates are established by the insurance carrier by using a wide geographic area and may not truly represent reasonable rates for this area. Any "UCR" reduction taken by your insurance will shift the responsibility for this charge to the patient.

### Workman's Compensation Claims

CORE will accept patients with worker's compensation claims and provide treatment to patients who contend that their employer is responsible for an injury. All such claims will be verified with the employer and the Workman's Compensation Insurance Provider within 48 hours. If, at any point, the Workman's Compensation Claim is denied, the claim becomes the full responsibility of the patient. In this event, CORE reserves the right to collect payment from the patient or the patient's medical insurance.

### Auto Mobile Accidents / Litigation / Liability Claims

CORE will accept patients with automobile accident, litigation or liability claims provided that:

1. The patient signs a medical lien, directing the responsible party to pay CORE when the claim is settled.
2. A valid medical insurance card copy is kept on file until CORE has received payment in full.
3. The patient is responsible for a \$30.00 fee for each appointment.
4. Payments not received within 14 months from the beginning of service will be subject to 1% interest on the full balance.
5. After one year of the date of the signed agreement, if a claim remains unsettled, the claim becomes the patient's full responsibility.

### Statements

Should you have any questions regarding your bill, you may contact CORE at (314) 647-4880. Please note that the patient will not receive a statement until the insurance plan has paid its full portion of the claim or if the claim remains unsettled for more than 90 days. After then, you will receive a monthly statement until your portion of the bill is paid in full.

***By signing below, I verify that I have read and agree to and have received a copy of the above Financial Policy.  
A parent/guardian must sign if the patient is age 17 or younger.***

Acknowledged By: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Patient or Parent/Guardian of Minor Child Please print

Witnessed by CORE: \_\_\_\_\_ Date: \_\_\_\_\_

**RESTORING HEALTH – MIND AND BODY**

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