



www.SterlingOSPT.com
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Pella, Iowa 50219
641.621.1401



PATIENT NAME _____

DATE OF BIRTH _____

INSURANCE _____ SECONDARY _____

POLICY # _____ POLICY # _____

IF MEDICARE- HAVE THEY HAD HOME HEALTH CARE RECENTLY YES NO
HAVE THEY HAD ANY THERAPY THIS YEAR? (# visits) _____

PROVIDER PHONE # _____

POLICY HOLDER _____

COPAY/COIN _____

DEDUCTIBLE _____

#VISITS/YEAR _____

APPROX. \$/VISIT _____

WORKERS COMPENSATION :

EMPLOYMENT _____

INSURANCE _____

ADDRESS _____

CLAIM # _____

CASE MANAGER _____

- I understand my insurance benefits as explained above. I understand this is just an overview and **does not guarantee** payment by my insurance company.
- SterlingOSPT may receive payment from my insurance, but if I have not provided insurance information, I will pay at each date of service.
- I agree to pay my copay, coinsurance, deductible, and any supplies at each date of service.
Treatment will be suspended if my balance reaches \$150.00 and I have either not paid the balance in full or have not set up a payment plan.
- SterlingOSPT may release pertinent medical information to my insurance company.
- My Medical/financial information may be discussed with _____.
(spouse, parent, other)

Payment Information/Health Savings Information

Check Cash Credit Card Other

Name on card _____

Type of card: MC VISA DISCOVER OTHER

Card # _____ - _____ - _____ - _____ Exp. Date: _____

Please charge my card for any copays or balance at the end of the billing month.

YES NO

- Knowing your health insurance benefits is your responsibility.
- We encourage you to contact the insurance customer service department to verify Physical or Occupational Therapy coverage. If you have additional coverage questions, we ask that you bring those concerns to your Benefits Manager at the company which provides your health insurance.
- As a courtesy to our patients, we will verify your insurance coverage and benefits. (Verification is only a quote) We will file therapy claims with your insurance company.
- If payment is delayed, reduced, or denied, you will be responsible for settling your balance with us.
- Patients with health insurance should remember that services rendered are charged to you, the patient, not your insurance company.

Signature of Patient or Legal Guardian

Date