



www.SterlingOSPT.com  
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## FINANCIAL AND FEE INFORMATION

### Financial Responsibility of All Patients.

**Pay co-pays and any supply charges at time of service.** If a monthly invoice is generated for these co-pays or services, an additional \$10 charge will be added to the invoice.

- **Pay all non-covered treatment** following insurance payment (statement will be sent to you with current amount due).
- A 1.5% finance charge is added to the amount due each month a balance remains.
- There will be a charge of \$30 for all returned checks.
- Pay 50% of the visit cost until my deductible is met. Once met, I agree to pay my co-pay and co-insurance (if this applies) at each visit.
- If balances are not paid by the end of each month, we will discontinue treatment until it is paid.

### Assignment of Payment to Sterling Physical Therapy, PC

- **Assign payment** received by me or on my behalf with respect to services provided by Sterling OSPT. This includes, but is not limited to, any insurance payment, claim settlement, judgment or verdict.
- Payment obligation is not contingent on any settlement, claim, judgment or verdict and is expected in full.

### Auto Accident

Payment obligation is not contingent on any settlement, claim, judgment or verdict and is expected in full.

### Worker's Compensation

Your health insurance will be billed in the event of **written** denial by worker's compensation. Charges not covered by worker's compensation carrier will be charged to the patient and payment expected in full.

### Collection Proceedings

After 60 days, if an effort has not been made in good faith to pay for services rendered, your account will be transferred to a collection agency.

### Information Changes

Please notify us of any changes in address, insurance coverage, employment or attorney representation.

We do our best to maintain current coverage information for most insurance plans. We recommend you contact your carrier directly for complete and accurate information.

	<b>Sterling OSPT Is a Preferred Provider</b>	<b>Physician Referral Required</b>	<b>New Referral Required Every</b>	<b>Physician who may not refer</b>	<b>Payment Limit per Calendar Year</b>
<b>Medicare/Humana</b>	Yes	Yes	30 days	Chiropractor, Dentist	\$1,840
<b>Medicaid</b>	Yes	Not always	No	N/A	N/A
<b>Federated</b>	Yes	Yes	No	N/A	N/A
<b>Principal</b>	Yes	No	No	N/A	N/A
<b>Wellmark BC/BS</b>	Yes	No	No	N/A	N/A
<b>Midlands Choice</b>	Yes	No	No	N/A	N/A
<b>United HC</b>	No	N/A	N/A	N/A	N/A
<b>All other plans</b>	Please call				

Thank you for choosing Sterling Physical Therapy, P.C.  
Please let us know if you have any questions or concerns regarding this information.

Raquel Loree' • Office Manager • 641.621.1401