



Billing Information

Insurance

Clinic Name: The Clinic name is Connolly Physical Therapy, however, the corporate name is registered as Pike Creek Enterprises, LLC.

We are in many health plans even though we may not be listed in the book as Pike Creek Enterprises, LLC, DBA, Connolly Physical Therapy, and may be listed under the corporate EIN Federal ID number. It is your responsibility to know your coverage, co-pays, and co-insurance.

We bill your insurance as a courtesy to you. As needed, we may require you to take responsibility to work with your insurance company to help assure payment of your bills. You will receive a statement from our office after we have heard from your insurance company which can take up to 60 days on some occasions. This bill should reflect payment made by your insurance company and what your responsibility is. Payment is expected within 30 days of the statement.

We pride ourselves as being high quality providers of Physical Therapy services. Insurance companies sometimes use the term “not medically necessary” as a way to deny benefits. Unless otherwise contracted, we do not accept “not medically necessary” as an excuse to not make payment. We will make every effort to collect payment from the insurance but this does not negate your responsibility for payment.

Attorney

If you have an attorney, we will accept a letter of protection for outstanding balances not covered by your insurance company. If you have an attorney, we expect your cooperation in helping us collect from your insurance company or responsible party. Failure to cooperate will result in us sending bills directly to you and demanding full payment within 30 days. Medicaid/T19 will NOT be accepted as insurance in litigation cases. A letter of protection from your attorney will be required for treatment.

Financial hardship

We are in the business of helping people. Should you have some difficulty paying your bills, we will work with you to help you create a payment plan that is mutually agreed upon. Finances should not limit your health care decisions. Please contact the billing department at or 262-763-7591.

Our Promise

We promise to do our best to help your rehabilitation process on every visit. We will give you the best treatment available.

Please sign. I have received this statement:

X _____ X _____
Print Name Signature Date

Financial Responsibility Disclosure

I understand and agree that services have been rendered **for which I am fully responsible**, whether or not my insurance should cover the cost of or a portion of the services rendered. I fully understand and agree that in the event that I default on any payment due and owing to Connolly Physical Therapy and Pike Creek Enterprises, LLC for such services, I will pay any and all costs of collection agency fees above and beyond what I owe to Connolly Physical therapy and Pike Creek Enterprises, LLC, of such payments due and owing, plus an interest rate of 10% per month of the remaining balance until fully paid. Agreed to as of the date signed below:

Signature of Patient or Legal Representative: X _____ Date: _____