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Financial Policy

Thank you for choosing us as your specialty care provider. We are committed to quality evaluation and treatment. Please be aware that payment of your bill is considered part of your therapy. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

Payment in full is due at the time of service. We accept cash, checks, or Visa/MasterCard. An insurance card must be shown at each visit in order for the service to be billed to your plan.

Insurance

We may accept assignment of insurance benefits after your first visit. However, we do require co-payments, deductibles, and non-covered charges to be paid at the time of services. Please be aware that some, and perhaps all, of the services provided may not be covered under your particular benefit plan. Any verbal verification of benefits or coverage is never a guarantee of payment. **If your insurance company has not paid services in full within 30 days, the balance will automatically be billed to your account. Balances in excess of 30 days must be paid before additional services can be rendered.**

Managed Care Insurance Plans

If we are a participating provider, all co pays, deductibles and non-covered services are due at the time of service. Managed care plans are complex and most always require pre-authorization for services. If you participate in a Managed Care Insurance Plan, it is imperative that you and our administration office communicate prior to scheduling appointments. In the event that your insurance coverage changes, Crossway, Inc. must be notified prior to the effective date of the new policy. If C&FD is not notified before the effective date, refer to **Insurance** paragraph.

Medicaid

Crossway, Inc. will accept Medicaid for OT and ST services upon approval from the Division of Medical Assistance or the enrolling HMO. Private insurance must be billed prior to accessing Medicaid funds. A current Medicaid card must be shown at each visit in order for the service to be billed to Medicaid. Unauthorized services or services not billable to Medicaid must be paid in full at the time of service. In the event private insurance coverage changes, Crossway, Inc. must be notified prior to the effective date of the new policy.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Cancellation Policy

Due to the demand for OT and ST, any appointment cancelled with less than 24-hours notice and not rescheduled will result in a cancellation fee of \$55. Repeated cancellations may result in either forfeiture of permanent appointment or termination of service. Failure to contact the office prior to appointment time will be a no show and a full fee-for-service may be charged. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party.

Release of Information

By my signature below, I acknowledge primary responsibility for the payment of service to the provider, Crossway, Inc. I request that my claims be filed to my insurance carrier and I authorize payment of service directly to the provider. I also permit the release of medical information to the insurance carrier, or case manager, when the information is requested to process claims. I do not object to this information being released by mail, fax, or telephone.

I have read the Financial Policy. I understand and agree to the Financial Policy.

X _____
Signature of Patient or Responsible Party

Date

X _____
Witness