



POLICIES

- Payment is due at the time of service.
- There will be a \$30 service charge for any returned payment.
- All patients must have a current insurance card on file before receiving services. We cannot bill your insurance company unless you give us valid proof of insurance.

Insurance:

- Please be sure to read the policy book given to you by your employer or insurance agent. It is your responsibility to know your insurance policy
- All co-payments and/or deductibles are due at the time of service.
- Back To Normal will file all claims for you with your insurance company using the necessary reimbursement forms. This is done as a courtesy for the patient.
- If your coverage changes to a plan in which we do not participate, **you** will be responsible for payment in full at time of service. If your insurance changes while you are attending therapy, **you** are responsible to notify us immediately of the change.
- If for any reason your account should become delinquent, you will be responsible for a delinquency charge of 5% of the unpaid amount or \$10.00, whichever is greater. If payment is not made in a timely manner, your account may be sent to a collection agency. If this occurs, you will become responsible for any delinquency/ interest fees in addition to the actual amount owed.
- Further, should Back To Normal be required to turn this account over to an attorney at law for collection, you will be liable for Back To Normal's attorney fees in the amount of 25% of the unpaid amount after referral for collection.

Personal Injury Cases:

- If you have obtained an attorney, a deposit will be collected upfront and payment must be made monthly until settlement is reached, at which time payment in full is due. If the attorney does not make payments monthly, patient will be responsible for payment at time of service.

I have read and understood the statements contained herein and I agree to the Policies of Back To Normal.

Patient Signature:
(or Guardian)

Date: _____ Time: _____

Print Patient Name: _____

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