Bonnette Elite Physical Therapy and Wellness
9628 Bartlett Cir ste 300 Fort Worth, TX 76108 Telephone (817) 862-9665 Fax (817) 862-9667

PATIENT PAYMENT POLICY

At Bonnette Elite Physical Therapy and Wellness we are committed to providing quality care and customer service. For your convenience, we accept cash, checks, Visa and Master Card.

The following is a statement of our Patient Payment Policy, which we ask you read and initial prior to your first appointment.

CO-PAYS

Your insurance **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

In the event a patient's co-pay balance exceeds $100.00, the patient must pay the balance in full or BEPTW reserves the right to discontinue physical therapy services. BEPTW will make every reasonable attempt toward collections and work with the patient to initiate a good faith payment plan.

DEDUCTIBLES

Deductibles and co-insurance will be collected from the patient as directed by the Insurance Company.

In the event the patient's balance consisting of deductible and co-insurance exceeds $250.00 the patient must pay the balance in full or BEPTW reserves the right to discontinue physical therapy services. BEPTW will make every reasonable attempt toward collections and work with the patient to initiate a good faith payment plan.

MISSED APPOINTMENTS

We require 24-hour notice for all cancellations. You are allowed one initial exemption but will be billed after each following Missed Appointment.

If you miss your scheduled appointment time, without giving prior notice of cancellation, a $25.00 "No Show" fee **can** be charged to your account. Said charge is not covered by insurance and will be the patient's responsibility.

Thank you for reviewing our Patient Payment Policy. Please let us know if you have any questions or concerns.

I have reviewed and understand BEPTW's Patient Payment Policy as described above.

_____**Initials of Patient or Responsible Party**