

NORTHERN WESTCHESTER-PUTNAM PHYSICAL THERAPY, PC
21 PEEKSKILL HOLLOW ROAD, SUITE 201
PUTNAM VALLEY, N. Y. 10579
TELEPHONE : 845-528-3133 FAX: 845-528-0463

The patient shall be responsible under the following agreement as personal guarantor, for all services rendered by Maryann C. Russo, P.T., Northern Westchester-Putnam Physical Therapy, P.C., hereinafter known as NWPPT:

1. Any and all payment arrangements must be made by the patient or their guardian before NWPPT renders services. If no prior arrangements are made then the patient is expected to pay in full for all amounts owed upon receipt of their bill.
2. NWPPT will accept assignment of Medicare. However, the patient will be responsible for the annual deductible if the patient has not met this, and additionally is required by law to pay 20% (Twenty Percentum) of the approved amount by Medicare.
3. The patient will be responsible to insure that 100% (One Hundred Percentum), payment of all bills shall be paid to NWPPT. This includes but is not limited to all residual deficiencies not paid by any and all insurance companies. These will include all private health insurers, employment insurance, and all other health insurance alike. Any and all unpaid charges upon a second request for payment by this office or their agents will result in a monthly interest charge of 1.5% (One And A Half Percentum), added to the patients bill. In addition NWPPT reserves their right not to accept the patients insurance and to hold the patient liable, as personal guarantor on any bill.
4. NWPPT reserves their right to bill the patient in full, and make it the patients responsibility to collect all reimbursement costs from the patients insurer, if this office is unable to collect any or all of the claim, after a second remittance of the bill to the patients insurer. If this occurs it will be the patients responsibility to pay any and all unpaid costs directly to NWPPT.
5. NWPPT, will accept assignment of all workers compensation from the patient, upon presentation to the office of a valid claim number, and additionally NWPPT verifies through the proper agency that said patient is in fact covered for reimbursement, for services rendered by this office.
6. NWPPT, will not accept any assignment of Medicaid reimbursement, on behalf of a patient. Those patients covered by Medicaid wishing to have treatment at this office will be personally responsible for all services rendered.
7. NWPPT, will accept full assignment of all No Fault insurance upon presentation by the patient of a valid claim number, and verification with the patients insurer.
8. The patient to this agreement hereby agrees to assign all insurance checks made payable to the patient by their insurance company for services rendered by NWPPT. In addition to assigning said payment to NWPPT the patient agrees not to cash such instruments and endorse all insurance checks made payable to the patient in connection with services received from this office.
9. In the event a divorced or single parent uses the services provided by NWPPT, for an infant child (those children under the age of twenty one), said parent or guardian shall be personally responsible for the infants bill, or any insurance deficiency. This will hold to all parents of guardians unless prior arrangements are made with NWPPT by providing this office, in writing with the proper authorization, from the party acting as personal guarantor.
10. If payment is rendered to NWPPT by check, the patient will be charged a fee of \$20.00 (Twenty Dollars), plus a monthly interest charge of 1.5% (One And A Half Percentum), for all returned checks. If the check is returned for a closed account NWPPT reserves their right to prosecute in the criminal courts, or the civil courts.
11. Should the patient to the agreement, subsequently file Bankruptcy, NWPPT shall be notified in writing by the patient, and additionally it will be the patients responsibility to file NWPPT as a valid Creditor.
12. If a bill is disputed by the patient, and the matter turned over to NWPPT's attorney, the patient will be responsible for all legal, and court filing costs incurred by her office.
13. The patient is expected to pay all bills submitted to them in full upon the patients receipt of said bill. If remittance is not forthwith by the patient the matter will be turned over for immediate collections by NWPPT to their outside collection agency for the patients unpaid balance. NWPPT reserves the right to authorize said collection agency to take all disputed bills, which said agency feels the patient is in breach of this agreement, into immediate litigation at the patients expense.
14. This agreement makes the patient responsible not only for treatment rendered by NWPPT at her office, but additionally all treatment, and services rendered to the patient at any hospital, medical facility, nursing home, or the patients private residence by NWPPT or any of their agents.
15. Once signed by the patient, this same agreement will cover all visits to this office, for continuous or other subsequent treatment sought by the patient from NWPPT.
16. I have read, and understood all of the aforementioned conditions contained in this agreement. In addition the patient understands, that any default, in whole or in part of this agreement, will be considered a breach, and NWPPT will be entitled to seek full restitution from the guarantor to this agreement.

PATIENT OR PERSONAL GUARANTOR'S SIGNATURE

DATE

TO CONTACT IN CASE OF EMERGENCY

Name: _____

Relation to patient: _____

Address: _____

Phone: _____