



Formerly Center for Orthopedic & Spine Rehabilitation

Certified Spine & Extremity Therapists

Mary Stern
PT, Cert. MDT

Gerald Stern
PT, Cert. MDT

Trained and Certified in the McKenzie Method

Mechanical Diagnosis & Therapy (MDT)

Specializing in:

Back & Neck Pain

Orthopedic & Arthritic Conditions

Post-Operative Rehab

Headaches

Balance Disorders

Functional Decline

OUR FINANCIAL POLICY

Non-insured patients are expected to pay in full with cash, check or credit card the day service is rendered unless specific arrangements are made in writing, in advance. For those patients who are covered by insurance, we will accept assignment of benefits. This means that you must sign the portion of your insurance form that "assigns" payment to our office. *Most medical insurance plans DO NOT COVER 100% of the cost of your treatment.* Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your co-pay, deductible and/or coinsurance the day service is rendered.

We will estimate as closely as possible your coverage, but until we actually receive payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility for payment by your insurance company lies with you. After 45 days, any remaining balance not covered or received from your insurance company will be due in full from you.

Please ask our financial officer in advance if you need alternate financial arrangements. In such cases, we will set up a written contract.

Feel free to ask any questions that remain unanswered either before or after treatment. We wish to help you all we can.

I was informed of my benefits and understand them as quoted by my insurance company. I also understand that this is not a guarantee of benefits.

I have read the above and understand it.

(Patient Signature)

It is our goal to provide quality care to our patients. If you are unable to keep your appointment, kindly provide us with a 24-hour notice, so that we can be efficient in providing our services to our clientele. Failure to notify us before your appointment may result in a cancellation or no show fee of \$25.00, which is not covered by your insurance. Please keep in mind that if you miss two consecutive appointments without contacting our facility, you may be discharged from further care without notice.

I have read the above and understand it.

(Patient Signature)