



**Financial Policy:** As a courtesy to our patients, we will bill in-network primary insurance companies (BC and BS), Personal Injury Protection claims (PIP) and the state (L&I or private Worker’s Compensation).

Co-payments are due at the time of each visit. Your insurance policy is a contract between you, your employer (if applicable) and the insurance company itself.

We are not included in that contract, therefore, it is the patient’s responsibility to determine what their insurance company allows for therapy, obtain prior approval (if necessary) and follow up with their insurance company on all unpaid visits. Should your insurance deny payment or coverage for any reason, you are responsible for any and all charges billed.

Please contact our billing specialist (Ellie Frahm), if there are any questions, concerns or you need assistance regarding billing and insurance.

**Cancellation Policy:** We require **24 hour advance notice** for any cancellation. If you are unable to give 24 hour advance notice or do not show for your scheduled appointment, an administrative fee of **\$60.00** will be billed to you.

**Patient Consent and Release:**

I agree to give my consent for Balance & Flow Physio, LLC. to furnish rehabilitation services considered necessary in the treatment for my physical condition.

I authorize Balance & Flow Physio LLC. to release copies of my medical records and billing statements to my insurance company for the purpose of billing for the services rendered.

I authorize Balance & Flow Physio, LLC to release my medical records to the following. (Trainer, lawyer, additional providers etc. )

● \_\_\_\_\_ P: \_\_\_\_\_

F: \_\_\_\_\_

● \_\_\_\_\_ P: \_\_\_\_\_

F: \_\_\_\_\_

● \_\_\_\_\_ P: \_\_\_\_\_

F: \_\_\_\_\_

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*Signature of Patient*

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*Date*