



PHYSICAL THERAPY  
& DRY NEEDLING

## Payment Policy and Insurance Agreements

Payment, in the form of cash or check is due at the time of each visit. Please make checks payable to Prosper Physical Therapy.

**Out-of-Network Provider:** Prosper Physical Therapy is not contracted with any insurance companies. However, the payments you make may be reimbursable by your insurance company under your out of network physical therapy benefits; the exact percentage depends upon your plan. We will assist you in every way possible and upon request, provide you with receipts/bill for services and statements for you to submit to your insurance company or HSA. Payment is due at the time of service. Due to the complex nature of insurance claims and reimbursement, I make no guarantees as to whether you will receive reimbursement. If you are a **Medicare** participant, receipts and statements **cannot** be made available.

**Medicare Policy:** Prosper Physical Therapy, LLC is not an enrolled provider with Medicare or any other form of health insurance. Services rendered in our practice are not covered by Medicare or your Secondary Insurance.

If you would like Physical Therapy to be covered by insurance or Medicare and if you have a Physician referral for such, we will be happy to recommend other providers to you who are in-network with your health plan or are enrolled providers with Medicare.

If you are unwavering, however, in your desire to be seen by Amanda for her expertise, we ask that you sign below to indicate that you understand that you will be paying privately for your services even if your services might be covered by your insurance or Medicare if the services were provided by an in-network or Medicare enrolled provider. You also understand that you cannot receive reimbursement from Medicare or a Medicare secondary insurance plan. By Signing below, you understand and agree that Prosper Physical Therapy will not provide documentation or billing codes for you to submit to Medicare for reimbursement.

I have read and understand the above policies:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your cooperation and business.

Amanda Worley PT, DPT