

INSURANCE RESPONSIBILITY

Your insurance agreement is between you and the insurance company. The services we provide are due and payable at the time of service. As a courtesy, we allow our patients to use their insurance coverage in our clinic.

Please be advised that, if, for any reason your INSURANCE CARRIER denies claims for services we provided you, YOU are RESPONSIBLE for paying off the outstanding or disputed amounts.

If we have issues with your insurance claims, because Active Life was not notified of the change of coverage/information by you, the patient, or you have reached your maximum visits allowed and the claims are denied, we will no longer honor the insurance coverage and you will need to be on a CASH BASIS ONLY.

I HAVE READ AND FULLY UNDERSTAND THAT I AM EXPECTED TO MAKE SURE MY INSURANCE COVERAGE PROVIDED IS CORRECT AND UPDATED WHEN CHANGES ARE MADE. I ACCEPT RESPONSIBILITY FOR OUTSTANDING CLAIMS AND AMOUNTS.

PRINT NAME: _____

Patient Signature

Date

4/5



Physical Therapy

Missed appointment policy

Most weeks we have a waiting list for physical therapy appointments. As is customary in most offices, a **24 hour notice is required for cancellation or rescheduling appointments.** Failure to notify us at least 24 hours in advance of missed physical therapy appointments will be subjected to the following:

1. **First missed appointment without 24 hour notice will be charged a \$25 missed appointment fee.** _____ (int)
2. The second missed appointment without a **24 hour notice** will be **charged \$25** and **you will no longer be put on the schedule.** Instead you will be on standby and must call us the day you wish to be treated to see if we can fit you in for that day. _____ (int)

We will do our best to fit you in but is no guarantee that we will be able to accommodate you on any given day.

If we give you an appointment when you are on standby and you miss the appointment, you will be discharged as a Physical therapy patient and your insurance company will be notified that we will no longer treat you due to missed appointments.

PRINT NAME: _____

Patient Signature

Date

5/5

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