

## Why We Offer This Plan

*Healthcare is getting more and more expensive every day.* Patient co-pays, deductibles and fees are increasing to levels never before seen in history. Yet, more and more people are requiring relief from pain and injury than ever before.

*The longer you put off treatment, the harder it gets to restore and recover.* Pain stemming from muscle, joints, and nerves tend to get worse over time, making it harder for the physical therapist to resolve.

So you can  
get better and  
enjoy life!

## How Much Does It Cost?

There are **no fees or financing costs** for participation in the payment plan. You will still be responsible for the cost of your care but your payments can be adjusted to be more affordable. Ask your clinic representative for more information.

# Payment Plan

PAY LATER. GET TREATMENT NOW.

NO FEES  
NO FINANCING

- \* No limit to length of plan
- \* Payments are affordable
- \* Full payment credited towards balance

# Payment Plan

PAY LATER. GET TREATMENT NOW.

Helping Make  
Your Care  
Affordable

NO FEES  
NO FINANCING

If you have a high co-pay, deductible, or if finances are an issue, you no longer have to worry. You can get your physical therapy treatment while making reasonable payments that you can afford.

## Who Can Take Advantage of This Payment Plan?

### High Co-pay or Deductibles

If your insurance plan requires you to pay a high co-pay or deductible for therapy visits, you are eligible. The therapist will determine the probable number of visits required and the estimated cost of your program and this amount will be used to determine your payment plan. Should there be any credit due to you improving and completing your program quickly, **you will be refunded**. Ask the clinic representative for more details.

### Financial Hardship

If you are undergoing any financial hardship and can't afford the cost of treatment, this plan helps to spread the cost out, allowing you to make small affordable payments. You will remain responsible for the entire balance. Ask us for more details.

### Anyone

Everyone needs help from time to time. Anyone can request a payment plan, however, we ask that you only request it if you sincerely need it. All requests must be approved by the Client Coordinator.



## Application

Complete and give to the clinic representative or client coordinator.

### PERSONAL INFO

Your Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

### CONTACT PERSON INFO

Family or Friend's Name \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

### CREDIT OR ATM CARD INFO

Type of Card:  Visa  MC  Other:

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_  
Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Street Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I AGREE TO PAY THE AMOUNT INDICATED BELOW ON A MONTHLY BASIS UNTIL MY ENTIRE FINANCIAL OBLIGATION WITH NORTHERN EDGE PHYSICAL THERAPY HAS BEEN MET. I FULLY UNDERSTAND THAT THIS PAYMENT PLAN IS AN AGREEMENT TO MAKE ROUTINE PAYMENTS TO COVER FEES AND COSTS ASSOCIATED WITH MY TREATMENT AT NORTHERN EDGE PHYSICAL THERAPY. THIS PAYMENT PLAN DOES NOT WAIVE MY FINANCIAL RESPONSIBILITY FOR THE COST OF CARE AS INDICATED BY THE NOTICE OF FINANCIAL POLICIES. I AUTHORIZE PAYMENT FOR THE AMOUNT AND METHOD INDICATED UNTIL THE ENTIRE BALANCE OF MY FINANCIAL OBLIGATION (all co-pays, deductible and fees associated with treatment) IS PAID IN FULL.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

### (FOR OFFICE USE ONLY)

Approved  Denied Authorized by \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ to be paid per month

Processed by \_\_\_\_\_ Date \_\_\_\_\_