



Financial Responsibility & Authorization

I, _____ (patient/parent/guardian), knowing that _____ (patient full name), Social Security Number: _____, hereby authorize Carolina Therapeutics, PLLC, billing department to bill my insurance company for direct reimbursement of therapy services rendered to the named client.

Carolina Therapeutics, PLLC, provides each family with a Letter of Financial Responsibility (LOFR) at the time insurance benefits are verified by a member of our billing team. This Letter of Financial Responsibility acts as a notification regarding your benefits as outlined by your insurance plan for services provided by Carolina Therapeutics, PLLC.

This notification acts as a means of acceptance of financial responsibility and the financial obligations set forth in accordance with therapy services provided and the contracted rate determined by your insurance. It is your responsibility to contact Carolina Therapeutics, PLLC, if you have any questions related to the outlined information.

Please be aware that our office will obtain pre-certifications and authorizations on behalf of your loved one in order to limit denials of insurance claims by insurance carriers. We will also appeal insurance claim denials when we have reason to believe that an appeal is appropriate, and that payment should be made for a covered service. Nevertheless, the client/parent/guardian is ultimately financially responsible for therapy services rendered that are denied or otherwise not fully paid by the patient's health insurance carrier for any reason.

If at any time the patient's insurance changes, the responsible party (i.e., the client/parent/guardian) is required to notify Carolina Therapeutics, PLLC, immediately so that benefits can be verified again to ensure payment for services rendered. A new Letter of Financial Responsibility (LOFR) will be issued at that time.

**Please notify a member of the BILLING TEAM of any changes to your insurance policy by contacting:
admin@yourtherapybilling.com or 704-654-8599 ext. 2.**



Carolina Therapeutics

If changes in insurance policies are not provided to Carolina Therapeutics, PLLC, in a timely manner and pre-certification/authorization for services cannot be obtained because of this delay, the parents/guardians of any such patient will be held financially responsible for services provided during this time.

COLLECTION POLICY: An account is considered delinquent when insurance has not paid within 30-45 days after Carolina Therapeutics' has billed your insurance carrier or if payment has not been received within 30 days of the final date of service. Delinquent accounts may be turned over to a collection agency. In the event legal action is required in order to enforce payment on an account, the family will be responsible for court costs, expenses, attorney's fees, and other costs incurred and/or expended as a result of such proceedings.

Acknowledgement
I, _____ (patient, parent, legal guardian), have read and understand the policies stated above, and I agree to the terms as stated.
Signature:
Date: