

# **Baxter & Walsh Physical Therapy, P.C.**

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Although we participate in many insurance plans, it is impossible for our office to know the rules and regulations of each individual plan.

It is the policy holders responsibility to understand and follow the terms of their agreement in regards to co-payments, deductibles, co-insurances, referrals, pre-certifications, authorizations, covered and non-covered services.

It is also your responsibility to inform us of any changes in your insurance carrier at the time of your visit, otherwise, you will be billed for charges incurred for that visit.

There will be a \$20 service charge for all co-pays not collected at the time of the visit.  
There will be a \$20 service charge for all returned checks.

I have read and understand this notification.

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*Signature*

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*Date*