



ProFormance Rehab

BILLING POLICY

Updated 01/21/2026

THERE IS A \$100 FEE FOR ANY CANCELLATION WITH LESS THAN 24 HOURS NOTICE OR YOU FAIL TO SHOW FOR YOUR SCHEDULED APPOINTMENT.

*****IF YOU ARE 15 MINUTES LATE FOR YOUR APPOINTMENT, YOUR APPOINTMENT WILL BE CANCELLED, AND YOU WILL BE CHARGED A \$100 FEE*****

We are providers for most major insurance companies. If your visit with us is related to a Motor Vehicle Accident, we will only bill your PIP coverage and do not accept 3rd party claims. We will verify your insurance eligibility and benefits; however, this is not a guarantee of payment. All payments are subject to the member's eligibility at the time of service. If you have insurance coverage questions, please contact your carrier directly.

*****WE ARE NOT ENROLLED MEDICARE PROVIDERS AND AS SUCH CANNOT BILL MEDICARE FOR WHAT ARE DEEMED "COVERED" SERVICES. WE ARE ALSO LEGALLY PROHIBITED FROM ACCEPTING SELF-PAY. THE EXCEPTION IS UNLESS YOU ARE SEEKING CARE FOR "NON-COVERED" SERVICES, i.e. ORTHOTICS, DRY NEEDLING AND REHAB FOR RECREATIONAL ACTIVITIES OR RETURN TO SPORT, ETC.**

Payments for any co-pay, deductible and/or co-insurance are due at the time of your visit. This includes visits for Orthotics.

We accept all major credit cards and personal checks. There is a \$30 fee for any returned checks. Payment is due in full at the time a billing statement is received. If any invoice remains unpaid for more than sixty (60) days, we may cease performing services for you until you make satisfactory payment to your account. If the delinquency continues, we will make written and verbal efforts to notify you of any past-due balances on your account. After a balance is 120 days past due, you may engage an attorney or collection agency to collect any past due balance. Attorney and/ or court fees may be charged to you and collected in accordance with Washington State Law. Accounts 120 days or more past due and sent to collections will be assessed a fee based on the table below. This fee will be added to the outstanding balance owed.

Outstanding Balance	Fee
\$0.01-\$200	\$50
\$200.01+	\$75

I understand that ProFormance Rehab will bill my insurance carrier directly, but I am ultimately responsible for any co-pays, deductibles, co-insurance, or amounts not covered. If my insurance denies my claim, I understand that the balance of the visit could transfer to my responsibility.



ProFormance Rehab

Signature

Date