**BERKS HAND THERAPY CENTER**

**1435 PENN AVENUE**

**WYOMISSING, PA 19610**

**(610) 376-1902 OFFICE**

**(610)376-5296 FAX**

**PROVIDER, PATIENT AGREEMENT**

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

We accept a number of insurances, including workman’s compensation benefits. We will submit your insurance claims to your insurance, but there is no guarantee that your insurance will pay your claim. If your insurance does not pay for services rendered or declines payment of the claim or pays partial, it is your responsibility to pay the remaining balance.

All co-pays are due at time of service, which can be paid by cash, check, or credit card.

After 60 days, if we have not received payment from your insurance, we will contact you to let your know that we have not received payment.

At 90 days, we will ask you to come in and sign a financial agreement, which will state what you owe and what payment arrangement is agreeable to both you and our facility.

After 120 days, if we still do not receive payment for our services and have not heard from you, we will have no other choice but to start collections.

Berks Hand Therapy Center

 Mark J. Dreibelbis OTR/L, CHT Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature

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