JULIE BOTTARINI
MPT/CLT

650.670.0885 TEL   1140-D Laurel Street
650.654.0885 FAX   San Carlos, CA 94070
Julie@juliebottarini.com   www.juliebottarini.com

PATIENT INFORMATION and FINANCIAL POLICY

An appointment for _____ **is scheduled on** _____
at_____. **Please plan on an hour appointment.**

I have elected to no longer be a preferred provider for most insurance companies. Instead, I provide physical therapy on a "fee at time of service" basis. By removing myself from a preferred provider/contracted status with the insurance companies, I do not have to limit the time or quality of treatment I provide because of insurance company restrictions or elevate my rates to pay for billing services. Additionally, I have the flexibility to assist patients in financial need.

Prior to your first scheduled appointment, call your insurance company to completely understand your physical therapy benefits. Enclosed please find an insurance company worksheet to help you ask the insurance company the right questions about your physical therapy benefits. At the time of service and payment, you will receive a written statement which you can submit to your insurance company for their consideration of reimbursement to you. I will be happy to provide chart notes or other documentation at your–or your insurance company's–request. The amount of reimbursement you receive will vary according to the terms of your insurance policy. Some companies may reimburse you at 80%, some at 60%, some at 40%, and some may not reimburse you at all. I cannot make guarantees or estimates regarding what reimbursement your plan allows.

I accept cash, checks or credit (except some HSA cards) at the time of service. My fees are based on time spent with you and the treatments performed during your appointment. The fee ranges are as follows:
$ **300** for initial evaluation
$ **275** for follow up treatment appointments (50'), $**145** follow up 30' session
$ **150** for cancellations with less than 24 hours notice.

If you have any questions, please feel free to contact me. I look forward to working with you.

Julie Bottarini, MPT, CLT

Initial _____ I have read and understand above Finacial Policy.

_____   _____   _____
     Name printed   Signiture   Date