

# TOTAL POSS-ABILITIES, PLLC

Providing Pediatric Occupational Therapy

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## Financial Policy

**Welcome to TOTAL POSS-ABILITIES!** We are committed to providing you with the best possible care. If you have medical insurance, we are here to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of the financial policy.

Payment, co-payment, deductibles, and co-insurance for services are due ***each visit*** prior to that treatment session. TOTAL POSS-ABILITIES accepts cash, checks, Visa, MasterCard, and Discover. **Please understand that you are financially responsible for all charges whether or not they are paid by insurance. All documents will be released upon full payment to Total Poss-Abilities.**

### Please read carefully:

\_\_\_\_\_(initial) Your insurance is a contract between you, your employer and your insurance company. TOTAL POSS-ABILITIES is not a party to that contract. As a courtesy to patients, we will bill your insurance carrier; however, we cannot guarantee payment in a timely manner. If for any reason any portion of a bill is not paid by your insurance within 60 days from the date of service, you agree to make arrangements for prompt payment.

\_\_\_\_\_(initial) Depending on your insurance plan(s), not all services may be covered. Some insurance companies arbitrarily select certain services or locations they will not cover. These particular services, if any, are your responsibility. At this time, TOTAL POSS-ABILITIES is a preferred provider (in network) for Oklahoma Medicaid, Oklahoma Health Network, Blue Cross Blue Shield, OSMA, HealthChoice, Tricare. TOTAL POSS-ABILITIES asks to have ALL insurance information at your initial appointment (Primary, Secondary, etc) and to be informed when/if insurance information changes. **Please note insurance companies may indicate the services were not medically necessary and you do not have to pay the balance, this is NOT the case and you will be billed for the services.**

\_\_\_\_\_(initial) I understand that I am fully responsible to TOTAL POSS-ABILITIES for all charges not covered by my insurance company. Examples of non-covered items may include: Developmental Delay, Ineligible for Coverage, Medical Necessity Has Not Been Established, Met Maximum Benefits Allowed, or Non-Covered Benefit. The parent/guardian will be billed for any outstanding balances on their account after insurance has either rendered a payment and/or a final decision on the status of a claim.

\_\_\_\_\_(initial) Any returned checks will be subject to a NSF fee of \$25.00 which will be due at the next visit.

\_\_\_\_\_(initial) Accounts that are past due are subject to a finance charge at the rate of 10.5% annually.

Again, our relationship is with you, not your insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact TOTAL POSS-ABILITIES promptly for assistance in the management of your account. We will be happy to assist you in arranging a payment plan. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask. We are here to help you! **By signing my name below, I hereby understand the above financial policy and agree to abide by it.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date