



Financial Responsibility and Obligation Form

Health Point Physical Therapy is a health care provider who is authorized and credentialed to bill your medical insurance company to receive treatment. As a health care provider authorized by your insurance company we are obligated to collect all co-payments, deductibles, and out-of-pocket obligations according to your insurance plan or coverage. These regulations and standards are mandated by your insurance company for us to follow.

I, _____ understand that I am responsible for all charges not covered by my insurance coverage. This includes all copayments, deductibles, and out-of-pocket obligations.

Patient Name (Print): _____

Patient Signature: _____

Date: _____