



## PHYSICAL THERAPY BILLING GUIDELINES

Your insurance carrier will receive a bill for your Physical Therapy services. Because of the many different coverages by insurance companies, you are responsible for any and all portion of our fee that is not paid from your insurance coverage. Please remember that all insurance companies are billed as a courtesy to you. If necessary we may ask for your assistance in obtaining reimbursement from your insurance carrier.

ALL PATIENTS ARE RESPONSIBLE FOR ANY DEDUCTIBLE/CO-PAYMENT  
AND NON-COVERED SERVICES WITHHELD FROM THE PHYSICAL THERAPY  
PAYMENT \_\_\_\_\_

(Initials)

I HAVE READ, UNDERSTOOD AND ACCEPT THE ABOVE GUIDELINES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### **ACTION    MOTION    PERFORMANCE**

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