

**Spinal Balance**  
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## BILLING INFORMATION

Welcome to Spinal Balance Physical Therapy. You will be evaluated by a licensed physical therapist. The therapist will plan and implement your program as well as discuss the treatment plan with your physician. Please feel free to ask the therapist questions regarding the treatment. **All HMO patients must have a written referral from their primary care physician.**

The initial appointment will last approximately 45-60 minutes. Depending on your insurance the allowed amount your insurance will pay will vary from \$70-\$150. All subsequent appointments will last approximately 30-45 minutes. The allowed amount your insurance will pay for follow-up appointments will range from \$70-\$120.

Certain insurance companies require pre-authorization before accessing physical therapy services. Please ensure you have obtained pre-authorization, if required, before beginning your course of treatment. If not obtained you will be responsible for visit.

As an accommodation to our patients, claim forms will be sent directly to your insurance provider. **Please note that physical therapy coverage varies greatly from one insurance carrier to another.** Please verify your insurance coverage at the time of you initial visit.

**All co-payments** are due at the time of your appointment.

**We DO NOT accept third party claims.** You, the patient, not your legal counsel, are responsible for all payments.

I understand that I am personally responsible for all charges not covered by my insurance.

***I authorize Spinal Balance Physical Therapy to keep my signature on file and to charge my credit card for balances of charges not covered by insurance, co-payments, or no show/ late cancellation fees. I understand that this form is valid unless I cancel the authorization through written notice to Spinal Balance Physical Therapy.***

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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