

ARKADELPHIA PHYSICAL THERAPY CENTER, INC.

MOTOR VEHICLE ACCIDENT POLICY



PATIENT: _____

DOB: _____

GUARANTOR if minor: _____

Arkadelphia Physical Therapy Center, Inc. is happy to see patients who have been involved in a motor vehicle accident under the following payment options:

- The patient's physical therapy charges will be filed on the patient's personal health insurance.
- The patient's physical therapy charges will be filed on the patient's motor vehicle insurance. The auto insurance information (including name of insurance company, billing address, claim number, and adjuster's contact information including telephone number) must be provided at the time of service. A **\$500** deposit must be paid at the time of service if this option is selected. If the motor vehicle accident was the fault of another person, the patient's insurance company will recoup their payments to APTC from the at-fault party's insurance company.
- The patient may pay for physical therapy charges individually. The initial evaluation is **\$136** and subsequent visits are at a reduced rate of **\$75** per visit.

Motor vehicle accident claims are filed as a courtesy to our patients, but ultimately all physical therapy charges are the responsibility of the patient or the patient's guarantor.

*After the patient's discharge from care at Arkadelphia Physical Therapy Center, Inc., a Medical Lien will be filed against the patient or the patient's guarantor for any remaining balance. The patient's account will be charged approximately **\$40** for the court filing fees. Once the account is paid in full, a Release of Medical Lien will be filed releasing the patient from the debt.*

By my signature below, I agree to the above Motor Vehicle Accident Policy:

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)



3030 Pine Street
Arkadelphia, AR 71923



(870) 246-8623



arkphysicaltherapy@sbcglobal.net