

## Insurance Responsibility Acknowledgment Form

At McCabe and Brady Physical Therapy, we want you to have the best possible experience and a clear understanding of your financial responsibilities. While our office may assist in verifying insurance benefits, this information is not a guarantee of coverage or payment. Insurance plans vary, and only your insurance company can confirm how services will be covered under your policy.

### Patient Responsibility

- I am responsible for knowing my insurance benefits, including: physical therapy visit limits, deductibles, copays, and coinsurance amounts, as well as pre-authorization or referral requirements and network participation status.
- I have been advised to contact my insurance company directly to verify my coverage for outpatient physical therapy services.
- I understand that any non-covered services or denied claims will be my financial responsibility.
- If my insurance changes during my plan of care, I will notify the clinic immediately and provide updated information before my next visit.
- I authorize McCabe and Brady Physical Therapy to bill my insurance for services rendered, and I agree to pay any balances not covered by my insurance.

### Insurance Verification Reminder

For your convenience, please confirm the following directly with your insurance provider before your first visit:

- Does my plan cover outpatient physical therapy?
- What is my copay or coinsurance amount?
- Do I have an annual visit limit?
- Has my deductible been met?
- Is a physician referral or pre-authorization required?

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_