

Jeff Nicholl
Physical Therapy
&
Sports Rehabilitation Inc.

Acknowledgement of Patient Responsibility

Professional services rendered to you (or your dependents) by Jeff Nicholl Physical Therapy & Sports Rehabilitation Inc. (JNPT) are your sole financial responsibility. JNPT will bill your insurance as a courtesy, but you are ultimately responsible for payment for your treatment. **You are financially responsible for any and all balances not paid by your insurance (i.e. deductibles, co-pay, coinsurance, denied charges, and fees reduced by usual and customary charges).** You are required to pay your reported co-payment on the day of your visit. Any other unpaid balance due will be reflected in your monthly billing statement. Please pay close attention to statement received from your insurance company as they may report balance due prior to receiving a statement from our office. Any unpaid charges on account for 90 days are subject to collections action.

I _____ acknowledge and have reviewed an insurance verification provided to me by JNPT.

Patient Name: _____

Patient Signature: _____

Date: _____

Received a copy on / / 2023 Patient Initials _____