



Billing and Payments

Welcome to Alliant Physical Therapy & Integral Medicine. We are delighted you are here. Our intent is to deliver the most innovative, optimal, individualized care.

We are happy to have secured preferred provider status with nearly every major insurance plan in the Pacific Northwest. Your individual group plan may vary. A physician’s referral or prescription, and/or an insurance pre-authorization may be required. Please verify your coverage with your insurance plan when securing a referral and scheduling your appointments. We are classified under the category of Physical Therapy and/or Physical Medicine and Outpatient Rehabilitation under the names Timothy J. Sobie, PT and Alliant Continuum Care.

As a courtesy, we will be assisting with the task of processing insurance claims. It should be understood that it is your responsibility to pay for any amounts not covered by your insurance company. We can work with you in setting up a payment schedule if necessary. Please bring your insurance cards and photo ID to your first appointment. Your co-pay is due at the time of the visit. The actual amount of your co-pay/co-insurance portion may change due to insurance policies or deductibles. Our billing service will mail you a monthly statement showing the amount of payments made by you and your insurance company, any adjustments, and any outstanding balance due.

If we are billing an insurance company for a worker’s compensation claim or motor vehicle accident, we request all information be brought to the first appointment, including your attorney contact information, if applicable. We require your personal medical insurance information for our files, in the event the L&I or motor vehicle accident claim is denied or exhausted; and where applicable a copy of attorney lien. Administrative recordkeeping and document replication fees to attorneys/legal counsel and payors are subject to added fees according to the Washington State Administrative Code.

If you are paying out-of-pocket, payment is due at the time of service. We accept cash, check, Visa, MasterCard, Discover and American Express credit/debit.

In the event an account becomes overdue, interest will accrue. If payment is not received after 120 days, we may turn the account over to a collection agency, as a justifiable recourse. Any legal fees we pay to secure overdue balances will be added to the account.

We require a 24 hour notice for cancellations. If 24 hour notice is not provided, there is a \$50 fee per late cancellation/missed appointment, which is unbillable to your insurance company. We allow a mutual 15 minute arrival window and will do our best to devote a full hour to your appointment.

All billing inquiries can be directed to MDCcommerce at 1-855-883-5987. If you have any questions, please don't hesitate to ask. We look forward to providing you with a positive, caring atmosphere to facilitate your healing and recovery. Sincerely, Alliant Physical Therapy & Integral Medicine.

I have read and understand this document and agree to the terms stated above. I hereby assign all medical benefits to which I am entitled from any and all insurance/health plan(s) to Alliant Continuum Care, dba Alliant Physical Therapy & Integral Medicine, for all services rendered. I further authorize my providers to release all information necessary to secure payment. I agree that I am financially responsible for all charges incurred by me or my dependents for services rendered, regardless of insurance coverage or lack thereof. I have received a copy of Alliant Continuum Care’s Privacy Practices.

Name (printed) _____

Signature: _____ Date: _____