



Quinn Orthopedic Physical Therapy
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Cupertino, CA 95014
Phone: (408) 252-6076
Fax: (408) 252-1159

Onsite at Apple, Inc.
Cupertino Fitness Center
10627 Bandle Drive
Cupertino, CA 95014
Phone: (408) 252-6076

Quinn Downtown Physical Therapy
196 North 3rd Street
San Jose, CA 95112
Phone: (408) 947-8466
Fax: (408) 947-8460

Welcome to Quinn Orthopedic Physical Therapy

We take pride in the quality of our patient treatments and services, and we hope that you will find your time with us both helpful and enjoyable.

We believe the best service is based on friendly mutual understanding between therapist and patient. In order to achieve that, we need to explain some of our policies before beginning treatment, so that there are no misunderstandings about payment for services.

You, the patient, are ultimately responsible for payment of your account. As a courtesy, we will bill your insurance company on your behalf. We submit insurance claims either by paper or electronically every business day. You will be responsible for paying any deductible and/or co-payment due at time of service. We accept payment by cash, check or credit card (VISA, MasterCard, American Express and Discover). We will send you a monthly statement detailing billing and payment activity on your account.

If you prefer, you can pay our office directly and in full at time of service, and we can provide you with a "superbill" to submit to your insurance company for reimbursement.

For patients without insurance or electing to pay out of pocket rather than bill their insurance, we offer a "cash rate" which is a discount of 15% off of our standard fee schedule. This alternative typically amounts to a cost of approximately \$161 for evaluation visits and \$120 for standard visits. Payment at "cash rate" is due at time of service with no exceptions.

In the event that you need to cancel a scheduled appointment, we ask for the courtesy of 24-hours notice so that we can offer the appointment to patients waiting on our standby list. If you fail to give 24-hours notice of a cancellation, we reserve the right to charge a \$50 missed-appointment fee.

I have read this statement of Quinn Orthopedic Physical Therapy billing policy, and I understand and agree to my responsibility for payment for my physical therapy treatment.

Signature

Date