

ECLIPSE ORTHOPAEDIC REHABILITATION

750 E. Terra Cotta Ave, Suite D
Crystal Lake, IL 60014
815-444-8037

BILLING AND COLLECTION POLICY

All of the billing for your physical therapy is done through Crystal Lake Orthopaedic Surgery & Sports Medicine, Ltd. At your first appointment you will receive a form confirming your insurance benefits. These benefits were verified by the account manager for our clinic, and were quoted by your insurance company. That form will include your co-pay amount and/or the portion of your bill for which you are responsible. This has been communicated to our therapists and they will ask you for this payment at the time of each appointment. It is out of concern for you and your account balance, that we will ask you to pay as you go, so that your account does not escalate to an unacceptable level. We accept check, cash or Visa/Master Card. Should you have any questions regarding this policy or any other billing issues, please refer them to our billing office at (815)455-0800 extension 55

COLLECTION POLICY

I understand that I am financially responsible for all charges not covered by my insurance company. I agree that in the event of non-payment, I will bear the cost of collection, and /or court costs and responsible legal fess, should this be required. I further authorize direct payment of medical benefits to Eclipse Orthopaedic Rehabilitation by carrier.

Insured/Guardian Signature: _____ Date: _____