



Elite Sports Physical Therapy  
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## Advanced Beneficiary Notice

*Please take the time to read the following information carefully: This document is not intended for Worker's Compensation patients*

By electing to participate in physical therapy from Elite Sports Physical Therapy (ESPT), you are accepting financial responsibility for the services that we will provide. This responsibility obligates you to ensure payment in full of your fees.

Before starting care at ESPT, we will check your benefits with your insurance company as a courtesy to you, however the information we receive may be incorrect. **It is your responsibility to know and understand the benefits of your insurance plan. If you need clarification on your benefits, please contact your insurance company.**

ESPT is In-Network with many PPO Insurance plans and as well as Medicare. However, it is **IMPOSSIBLE** for ESPT to know all the details of your particular insurance plan. The cost of your care is determined by your insurance company and not by ESPT (unless you are paying Cash for your treatment).

**If your insurance company denies payment for your treatment for any reason, you will be financially responsible for the cost of your treatment.** Here are just a few of the many reasons that your insurance company may deny payment:

- Your annual deductible has not been met.
- You have reached the maximum number of physical therapy visits for the year. If this occurs, you can switch to ESPT's cash pay rates.
- Your insurance plan may not cover physical therapy as a benefit.

I, \_\_\_\_\_, accept financial responsibility for services that I receive at **Elite Sports Physical Therapy**, which are not covered by my insurance. I have been notified by **Elite Sports Physical Therapy** of such policies.

**No Representative of ESPT can or will provide you with an estimate of care or guarantee coverage.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship To Patient