



MEENAL MUJUMDAR

Pelvic Floor Therapist, PT, PRPC, CLT

PHYSICAL THERAPY

885 North San Antonio Rd, Suite N, Los Altos CA 94022

Phone - 650-603-0998 / 650-300-425

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PATIENT INFORMATION and FINANCIAL POLICY (PLEASE fill out and bring with you to your first appointment)

Currently, we are **In Network with**

- **United Healthcare**
- **Blueshield of California**
- **Multiplan**

Out of network with

- **Medicare**
- **All other PPO and HMO networks**

We bill your insurance company as a courtesy.

There is a upfront cost for Evaluation-\$175

Follow up visits-\$150

Prior to your first scheduled appointment, call your insurance company to completely understand your physical therapy benefits. We can call your insurance company and verify your network coverage, as a service to our patients.

The amount of reimbursement you receive will vary according to the terms of your insurance policy. Some companies may reimburse you at 80%, some at 60%, some at 40%, and some may not reimburse you at all. I cannot make guarantees or estimates regarding what reimbursement your plan allows.

Insurance: I, the patient, am ultimately responsible for payment of my account. As a courtesy, Meenal Mujumdar Physical Therapy will bill my insurance company on my behalf. I am responsible for paying any deductible and/or co-payment due at time of service. After 60 days any balance not paid by insurance will become my responsibility. I may elect to pay out of pocket for physical therapy services. If you decide not to use your insurance, I accept cash, check or all major credit cards at the time of service and the treatments performed during your appointment. Following will be the approximate amount billed to your insurance as well. The fee ranges are as follows:

\$ 175.00 for initial evaluation

\$ 150.00 for follow-up visits

If the appointment is canceled 24 hours before, there will not be any charge. I understand that if I cancel less than 24 hours in advance, **I will pay a cancellation fee of \$50.**

If you schedule an appointment, which you do not attend (no show), and this happens more than once, you will be charged fully for this visit. This will also apply to same day cancellations with short notice.

As per our policy, we require all patients to have a valid credit card on file before your first visit.

I agree to pay for my treatments at time of service, by cash, check, or charge card unless other mutually agreed upon arrangements have been made. I understand it is my responsibility to call my insurance company ahead of time, and obtain any pre-authorization that is necessary, and get an estimate of my benefits. [_____]

I have read the above information and I consent to physical therapy evaluation and treatment. [_____]

Patient's signature _____ Date _____

Printed Name _____

Guardian signature (if applicable) _____

Therapist signature _____ Date _____