



**Mountain View Therapy Services, LLC**  
**Harold Sledge Morgan, PT, MPT**  
**Michael Jason Cox, PT, DPT**

### **Patient Financial Responsibility Form**

Thank you for choosing Mountain View Therapy Services, LLC as your physical therapy provider. We are committed to providing you with the highest quality healthcare. Please take a moment to read and then sign this form to acknowledge that you understand our patient financial policies.

#### **Patient Financial Responsibilities**

- The patient or patient's guardian is ultimately responsible for the payment of treatment and care.
- We will bill your insurance for you; however, you are required to provide the most correct and updated information regarding your insurance.
- Patients are responsible for copays, coinsurance, deductibles, and all other procedures or treatments not covered by their insurance plans.
- Copays, coinsurance, and/or deductibles are due at the time of service.
- Non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
  - o Charge for returned checks.
  - o Charge for missed appointments without 24 hours notice.
- By my signature below, I hereby authorize assignment of financial benefits directly to Mountain View Therapy Services, LLC and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.

**I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form:**

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Printed Name

Relationship

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Signature of Patient or Guardian

Date