

New Hampshire Hand Therapy Center, Inc.  
80 Palomino Lane, Suite 401  
Bedford, NH 03110  
Phone 603-669-7716 Fax 603-669-0103

**WORKER'S COMPENSATION BILLING POLICY**

If you are being treated for an on the job injury, we will submit claims in the first instance to your employer's Worker's Compensation insurance carrier for payment. You **must** provide us with the name and address of the insurance company, a file or claim number, a contact person or an adjuster's name, and we will contact them regarding the provisions of the coverage.

If your claim is denied by your employer's Worker's Compensation carrier, we will next bill your health insurance carrier. You will be billed for the portion of therapy charges not covered by your insurance carrier. Check your policy for details. You **must** provide us with the name and policy number of any health insurance coverage available to you at the time of registration.

I have read and understand the Billing Policy of New Hampshire Hand Therapy Center, Inc. and I am aware that in instances where there is a co-payment due, I am required to pay my co-payment balance at each visit. I understand that a 1.5% interest rate per month will accrue on all balances held over 30 days.

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**CANCELLATION POLICY**

Our therapy services are provided on a scheduled basis. Certainly illness cannot be anticipated or controlled. However, you should be aware that frequent absences interfere with progress in therapy. If you cannot make your appointment, please notify the receptionist or your therapist. We require a 24 hour notification on planned absences, otherwise you will be billed \$25.00 for a missed appointment. **Insurance companies will not cover this fee.** This fee will need to be paid before your next treatment. Two unexplained absences will result in discharge, and the referring physician, case manager and insurance company will be notified.

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Signature of Patient/Legal Guardian

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Date

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Witness

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Date