

## **RFC Insurance Policies**

- RFC is not paneled with any insurance providers and is considered an out-of-network provider.
- Patients are responsible for verifying of their benefits and levels of coverage under their specific insurance plan.
- Payment for services rendered are not contingent on the reimbursement of any insurance claim, however are to be paid for in full at the time of service. <u>That is, the patient is solely responsible for payment of therapist fees, regardless of insurance coverage or reimbursement rates.</u>
- As a courtesy, RFC can submit claims to insurance providers on behalf of the patient for services rendered.
- Insurance claims are submitted starting the first week of the month for the previous month's services rendered.
- Any account with a forwarding balance will not be eligible for submission until the balance is finalized.
- In the event a patient wishes to submit their own insurance, a monthly Superbill can be provided to the patient.
- Patients may request a Superbill at any time; such requests will be filled within 48 hours.

## In an effort to better serve our patients please check one of the following options:

	nd the above requirements and would like to have my claims submitted by RFC. I and that RFC is not responsible for verifying my coverage nor ensuring proper ement.
	(Print the insured's full name)
** <b>P</b>	lease provide the front desk with your insurance card for copying**
	d the above requirements and would like to submit my own insurance claims. Please ne with a monthly Superbill.
I have rea	d the above requirements and do not want any insurance actions taken at this time.
Patient's Signa	ature (or parent/legal guardian):
Witness:	Date: