



Physical Therapy & Hand Therapy  
420 Lexington Ave., Suite 1714  
New York, NY 10170  
Tel: 212-697-3438 Fax: 212-697-5983  
Grandcentralpt.net

### Insurance Reimbursement Agreement

**Our administrative staff will work with you and your insurance carrier to coordinate your care and insure proper and timely reimbursement of all claims. Please review the following and initial and sign where indicated.**

I agree to provide

I agree to supply Grand Central Physical Therapy & Hand Therapy with all of my current insurance carrier's information and will inform GCPTHT of any changes, additions or terminations to my plan in a timely manner. \_\_\_\_\_ Initial

In the event that my insurance carrier does not make the expected and verified payment, I understand that I am responsible for all incurred charges and agreed to make a payment agreement with Grand Central Physical Therapy & Hand Therapy to cover those charges. \_\_\_\_\_ Initial

I authorize the release of any medical or other information necessary to process an outstanding claim for service. \_\_\_\_\_ Initial

I authorize payment of insurance benefits to be paid directly to the providers at Grand Central Physical Therapy & Hand Therapy. \_\_\_\_\_ Initial

In the event that my insurance carrier does not remit assigned benefits directly to Grand Central Physical Therapy & Hand Therapy, I understand and agree that I will be fully responsible financially for those payments I also agreed to forward any payment I receive from my insurance carrier for Grand Central Physical & Hand Therapy's services within 10 days of receipt. Insurance payments not forwarded to GCPTHT will be subject to interest after 10 days.

I understand that I will be charged a \$50 fee for missed appointments or for appointments canceled with less than 24 hours notice. If a late cancel the appointment is made up within the same week the \$50 fee will be waived

Signature: \_\_\_\_\_

Date: \_\_\_\_\_