



## **WORKERS' COMPENSATION POLICY**

The following is a statement of our Workers' Compensation Policy that we required you to read carefully and sign prior to any treatment. A copy of this signed form will be provided to you upon request.

In most cases, Focus Physical Therapy, Inc. will bill your workers' compensation and your private health insurance when necessary however, any account balance incurred with Focus not paid by the workers' compensation carrier or your private health insurance is legally your responsibility.

As an injured worker, please note that Focus Physical Therapy, Inc. does verify the validity of all workers' compensation claims and their status. We require, prior to treatment, that claims noted as deferred must be supplemented with private health insurance. A copy of your identification card will be required at your first visit.

I, the undersigned, agree and understand that as an injured worker patient with Focus Physical Therapy, Inc., I am ultimately responsible for the balance of my account for any professional services provided should my workers' compensation claim be denied.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date