



## SPECTRUM Physical Therapy & Athletic Training, LLC

*Uniquely qualified to help patients break through physical barriers...*

1203 River Rd. Suite 4/Edgewater, NJ 07020 & 184 Central Ave. 1st. Floor/Old Tappan, NJ 07675  
ph: (201) 937-3600 fax: (201) 731-5192 ph: (201) 768-2000 fax: (201) 731-5192

Dear Patient:

Thank you for selecting our physical therapy practice. We look forward to providing you with the highest level of therapy care. Please review this letter carefully. It explains, in general, our policies and procedures regarding how our practice works, and our fee arrangements and billing methods. If you have any questions regarding these terms, please do not hesitate to contact us. Please sign this letter after you have read it.

**1. How We Work.** Spectrum Physical Therapy & Athletic Training, LLC ("Spectrum") is presently the private, solo practice of Dr. Gregory R. Zaccone. In most circumstances, appointments can be made twenty-four hours in advance. Dr. Zaccone usually sees patients two to three times per week in either one of his practice locations. He always incorporates one-on-one time with all patients in addition to supervising patient exercises. Furthermore, he provides patients with exercises they can perform at home to speed-up their recovery time.

**2. Fees.** If you have insurance, please present your valid insurance card at your first visit. As a courtesy, we will bill your insurance company for all covered services. However, you will be responsible for paying all co-pay, co-insurance and deductible amounts at the time services are rendered. In addition, you will be responsible for paying the costs associated with all non-covered services including, without limitation, providing third parties with medical records and information regarding your care as is requested. As another courtesy, we perform a Benefits and Eligibility check to determine your physical therapy health insurance benefits. However, we strongly recommend all our patients perform the same check on their own since Spectrum cannot be held responsible for false or incorrect information provided by your insurance carrier. There is a mandatory fee of \$30.00 for any patient who fails to keep their appointment with Spectrum. There is also a \$25.00 fee for any patient who fails to pay their copayment at the time of visit. We are happy to work with you to collect these funds by whatever means easiest for you (i.e. Cash, Check, Credit, and Debit). If you have a secondary health insurance carrier whom you would like to cover your copayment or coinsurance, it is policy that we still collect those funds from you at the time of visit. However, we are happy to provide you with the necessary information you need to submit that claim on your own. We also charge \$100.00 for copying medical records and completing forms for your work or school.

**3. Billing Statements.** We generally bill patients on a monthly basis. Your bill will include a description of services performed and any payment made by your insurance company on your behalf. Your balance for our practice is due and payable in full immediately upon receipt of your statement. It is company policy with new patients or with existing patients, to have your credit card or debit card information on file. We do not make exceptions regarding this policy. You agree to allow us to charge your credit

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card the outstanding account balance not paid within thirty (30) days of receipt of the invoice or if your invoice is returned to us as undelivered. Additional processing fees will apply. Further, you agree to pay us for any expenses (including legal fees) we incur in connection with the collection of your past due account. If you should ever have a question about a billing statement or our billing procedure, you should contact us within thirty (30) days of the invoice date; otherwise, the billing statement is acceptable as presented. For your convenience, you can use your credit card to pay your bill over the telephone or online.

**4. Cancellations.** Please notify us at least 24 hours in advance if you need to cancel or change your appointment. If a cancellation or change is made with less than 24 hours notice, then Spectrum reserves the right to charge a \$30.00 fee.

**5. Our Commitment.** Dr. Zaccone regards his relationship with his patients as an inviolable trust based on respect, compassion, and concern for good health. We are proud of our high standard of work, and care how our patients feel about the services we provide. Patient satisfaction and confidence that our practice provides the highest level of care is at the core of our service commitment. If at any time you, as a patient of our practice, do not feel we are living up to this commitment, please notify us promptly.

**I have read, reviewed, and agreed to the terms of this letter.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Credit Card Information:**

Type: (Circle One)  
Master Card VISA American Express Discover

\_\_\_\_\_  
(Credit Card #)

\_\_\_\_\_  
(Exp. Date)

\_\_\_\_\_  
(Name on Card)