



**ORTHOPEDIC
& TMJ
PHYSICAL
THERAPY
CENTER**

- TMJ/Jaw Disorders
- Headaches
- Painful Neck, Back & Extremities
- Coccyx/Tailbone Pain
- Posture/Ergonomics
- Stress management Skills
- Pregnancy Aches/Pains
- Urinary & Fecal Incontinence
- Pelvic Pain
 - Vaginismus
 - Vulvodynia
 - Interstitial Cystitis
 - Painful Intercourse

*Carol R. Conrades, P.T.
Joanne Deazley, P.T.
Heather A. Hannam, P.T.*

**Phone 503-777-6746
Fax 503-777-0023
hands-onhealthcare.com**

*9204 S.E Mitchell Street
Portland, Oregon 97266*

PAYMENT AGREEMENT

Worker's Compensation Claims

The following is the office financial policy concerning worker's compensation (WC) insurance. Please read carefully and feel free to ask any questions.

If you have made a WC claim, we will perform treatment as your physician has requested and bill your WC carrier. We agree to wait for payment until your claim has been accepted or denied and if denied, until all appeal processes are completed.

If your claim is denied, we will bill your health insurance carrier if applicable.

If you are appealing this denial, it is agreed that you will keep us apprised of the litigation process as it progresses. When the litigation/appeals process is complete, you will inform us immediately of the outcome or make sure that your attorney does so. You are ultimately responsible for payment of our charges for your treatment, as well as communication between our office and yourself concerning your claim status.

I have read and fully understand my financial responsibility concerning my WC claim.

Signature: _____ Date _____