

## OrthoFlex Physical Therapy & Rehabilitation P.C.

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### Co-Pay Managed Care Contract Compliance Letter

Dear Patient:

We are obligated to collect co-payments each and every visit that requires one.

Our intention is to support you in anyway by providing you the highest quality of care and assist you with your insurance plan. We would never want to jeopardize your insurance by not collecting your co-payment.

We accept checks (including post-dated checks) and cash.

Sorry for any inconvenience. Thank you for your cooperation in this matter.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_