

INSURANCE INFORMATION

We are preferred providers for many insurance companies. If we are not contracted with your insurance company, that does not necessarily mean that you cannot access our services. Please call our office and we will be happy to contact your insurance for you to determine coverage, including deductibles and co-pays.

Ultimately, it is your responsibility to know your insurance plan and coverage. However, we pride our business on exceptional customer service and will work with you to make sure that your portion of the physical therapy expense fits your budget and expectations.

If you begin therapy and have not discussed coverage with someone in our office, please do so as soon as possible.

If we are not a preferred provider for your insurance that does not necessarily mean that we will not get reimbursement from your insurance company. It is important to have our office contact your insurance so that we can discover what they may cover and allow us to work out a payment plan for you.

We encourage our patients to be educated and proactive regarding their healthcare. You should contact your insurance company for your own benefits information. If your information is different from ours, we can make another phone call for clarification.

Your bill will vary depending on the treatment you receive and the billing codes used.

Questions to ask your insurance company

- Does my plan cover Outpatient Physical Therapy?
- What is my deductible?
- Has my deductible been met? If not, how much of the deductible has been met?
- What is the amount of co pay I will need to pay?
- Are there any visit limits or restrictions?
- Are my physical therapy limits combined together with other types of services?
- Are my visit limits based on calendar year, benefit year, or other time frame?
- Do I need to obtain prior authorization for physical therapy?
- Do I need a referral from my physician?

Co-pays and Coinsurance

Co-pays vary depending on insurance plans. We will determine your co-pay during your first visit or as soon as we can contact your insurance company. Because co-pays are often a percentage of the allowable charge to your insurance company, it is not always possible to accurately predict the exact amount owed per treatment. However, we encourage that you make some payment towards each treatment to avoid a large bill at the end of your therapy.

Deductibles

This is the amount of out-of-pocket expense required by the insured before your insurance will begin paying towards your medical expenses. It usually combines all medical expenses, your including doctor visits. Each insurance policy varies on the amount of deductible that is required. Because it is difficult to get full accuracy on the amount remaining on your deductible, we will wait until we hear from your insurance company to charge you this amount.

Health Savings Accounts / Medical Savings or Flex accounts

HSA or Flex accounts can be utilized to cover our services. Our office will provide you with an itemized bill to be reimbursed for our services or you may have a credit card to pay for the services at the time of treatment.

Statements

We will send out monthly statements. Do not be alarmed if the total amount of money due reflects a significant amount. The amount due is the outstanding balance that reflects treatment dates that your insurance company has not paid yet. As your insurance payments come in we can give you more accurate information on the amount actually owed by you. This helps you understand which claims have been paid and which are still pending. Insurance companies generally pay within 15 to 30 days of billing. Please contact our office for any questions and concerns.

Cash-Pay

For patients who choose not to use, or do not have insurance coverage, we offer our services for cash payment at the time of service or pre paid plans depending on your individual needs. Contact our office for details.

MEDICARE

We accept assignment under Medicare. Co-insurance charges or denials are the responsibility of the insured. If you have more than one insurance policy, you must inform us which is primary and complete a Medicare Secondary Payer Form. We will provide billing to both Medicare and your secondary or supplemental insurance, if you have one. If you do not have a secondary or supplemental insurance you will have a 20% co-pay on the allowable amount accepted by Medicare.

Medicare has strict regulations for physical therapy coverage. You must have a physician's referral that was written less than 30 days prior to starting physical therapy, and return to see your physician every 90 days in order to continue physical therapy. In order for Medicare to continue paying for physical therapy services, there must be clear functional progress documented to justify continued services.

Medicare has a monetary cap limit of \$1860 per calendar year for physical therapy services. There are some very specific exceptions to extend services past this amount if medically necessary.

Your Responsibilities

You, as a recipient of our services, are ultimately responsible for payment of our services. We will be providing you services with good faith that your insurance company will provide payment for services rendered.

Regarding payment, our policies are as follows:

We will bill your insurance for you and make reasonable attempts to get the treatments paid. However, if your insurance company refuses to pay or has not paid after 90 days, your bill will be turned over to you for immediate payment. You will have 15 days to pay the balance or contact our office for discussion of payment.

* Auto Insurance

We accept auto insurance medical payments for physical therapy services.

* Personal Injury / Liens

Please notify our office manager if an attorney is representing you prior to your initial appointment. We will provide you with a lien letter which must be signed by both the patient and the attorney to guarantee payment for services rendered once a settlement is reached. Our office will send all claims to the attorney as services are provided; however, we will wait for settlement of your claim for up to 4 months after your course of treatment is completed.