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Commercial Insurance Financial Policy

Physical therapy benefits are individualized for your personal insurance plan. It is your contractual obligation to know and follow the rules specific to your plan. If you have not already done so, please call the 800 number on your insurance card to confirm your understanding of your physical therapy coverage. If you are having problems locating the number for your insurance company we will be happy to assist you in locating the number. We expect you to be aware of what your coverage allows.

Your co-pay is due at the time you check-in for treatment. If you wish to pay co-pays for the entire weeks scheduled treatments you may do so on the first visit each week. Your co-pay will be past due, subject to interest and a monthly \$5.00 billing charge, if not paid before monthly statements are mailed.

If we do not participate with your insurance company we will ask you to pay up front for your treatment. We will gladly bill your insurance company and will reimburse any excess payment to you. Please ask if you are unsure who we currently participate with.

Deductibles and co-insurance are the patient's responsibility. If you have a high deductible plan, to avoid a large balance you may wish to make weekly payments during your treatment. Your statement balance will be subject to an interest charge at the highest legal rate if not received before the next billing cycle as noted on the statement (1% per month or 12% annually).

If your treatment will create a financial hardship please speak with your therapist or the billing manager right away.

Some insurance policies require a referral from your primary care physician. It is your responsibility to make sure we have that referral PRIOR to your first date of treatment. Otherwise, you may be held responsible for the total charges.

Some insurance carriers have an annual dollar maximum or number of visits allowed. It is your responsibility to monitor your available dollars or number of visits.

If you choose to purchase medical equipment from us payment in full is due the day you receive your equipment. If your insurance coverage allows these expenses you will be responsible for obtaining any re-imbusement from your insurance company after you pay us.

If your insurance ever changes you must furnish us with a copy of your new insurance card prior to treatment under your plan.

If for any reason your insurance company has not covered your treatment within 120 days, you will be classified as a self-pay patient for outstanding dates of service.

We need you to understand that your insurance coverage does not release you from any financial obligations for the services rendered to you.

Our Policy For Workers Compensation Insurance

You must provide us with the contact information and claim number from the workers compensation carrier prior to treatment. Please understand that a claim number does not guarantee that services are authorized.

If your workers compensation carrier denies authorization for treatment you will be responsible for all charges.

We will ask for your health insurance coverage so that we may process your claim should the workers compensation deny your coverage. If you do not provide us with health insurance coverage you will be considered a self pay patient if workers compensation denies coverage.

Our Policy On Automobile or Personal Injury Claims

It is important for you to understand that you are responsible for payment of services rendered from our clinic for injuries suffered in an automobile accident or personal injury. If your insurance does not pay within 30 days of billing you will be assessed late fees which will be your responsibility.

We will send claims to your insurance company when the following is furnished:

- Proof of your personal medical insurance
- Declaration page from your auto insurance (your agent can fax this to us)
- Copy of the police report

Cancellation policy

We ask that you provide us with 24 hours notice if you need to cancel an appointment. We understand that you may occasionally need to cancel at the last minute for illness or unforeseen emergency. We reserve the right to charge a \$45 cancellation fee for chronic cancellations due to poor planning or no apparent reason. Cancellation fees must be paid in full prior to your next visit

Medicare Financial Policy

Medicare requires that you pay a deductible each calendar year. The 2009 calendar year amount of this deductible is \$135.00 for Part B coverage. We will send you a bill if you owe any part of this deductible to us.

Once your deductible is satisfied, Medicare Part B will pay 80% of allowed charges. You will be responsible for the remaining 20% of these charges if you do not have secondary insurance. You will receive a bill from us for these charges.

Medicare has instituted a maximum limit of \$1,840 in allowed charges for 2009. Most of our patients meet the exception to this limit. If you do not you may choose to continue your physical therapy care with us at your own expense after you have reached this limit.

Physical Therapy coverage is paid under your Medicare Part B plan. You may still be enrolled in home health care if you have been discharged from a hospital within the last 60 days. We can not bill for treatment while you are still enrolled in home health so we will ask for your assistance in ensuring that you have been discharged from their care.

Self-Pay Financial Policy

If you do not have insurance you will be asked to pay before your treatment each day. Charges will be \$170 for your initial visit and a \$127.50 for each subsequent visit.

If you cannot make a payment when services are rendered, you must meet with the billing manager to implement a financial payment contract. Payment plans can be arranged with a signed commitment.

Other Billing Information

We accept cash, checks, debit cards, Visa and MasterCard.

We ask that any amounts due be paid at check-in prior to your treatment. Please make an appointment with the billing manager to discuss any financial questions or concerns.

Once all insurance payments have been received and it is deemed you have overpaid us, we will refund any overpayment to you promptly.

The fee for a returned check is \$25.00. Checks will no longer be accepted from a patient who has had a returned check.

Treatment will not be administered to any patient whose balance exceeds \$500.00 without a written and signed financial payment contract.

Any patient account balance over 120 days past due (from date of service), with no financial payment contract, may be turned over to an outside collection agency. This also includes any account balances in default from their financial payment contract. We reserve the right to charge you a collection fee.

Please direct all Billing questions to:

Billing Phone: 802-496-5340

Fax: 802-496-4262

Billing E-mail: kelly@backtoactionpt.com