



SPORTS • WELLNESS • SPINAL CONDITIONING

CRITICAL BILLING AND PAYMENT INFORMATION

- Today's complicated reimbursement climate is in a constant state of flux. It is not possible for us to understand the details of each individual's physical therapy coverage. It is your responsibility to fully understand all the details of your particular plan.
- Your deductible must be satisfied before the insurance company will pay for treatment. You will be billed for any unsatisfied deductible amount.
- Office co-pays are due at the time of service. The co-pay amount on your insurance card may not be the co-pay amount for your physical therapy visits. You must obtain this information from your customer service representative.
- Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility. You will be billed for your co-insurance amount on a monthly basis.
- If your policy requires a prescription from your primary care physician (PCP) or non-physician practitioner (NPP), you must obtain a current prescription in order for your plan to pay for physical therapy services and a current prescription for the duration of your physical therapy care.
- If your policy requires a referral or pre-authorization on file, you will need to contact your PCP's referral coordinator and ask that a current copy be sent to both your insurance company and our office.
- Be aware that prescriptions, referrals, and pre-authorizations have expiration dates and/or a set visit limit. Check to be sure your paperwork has not expired prior to your first visit. We will assist you in tracking expirations of prescriptions, referrals, or pre- authorizations once you have begun care with us.
- Our physical therapist is a preferred provider for many but not all physical therapy plans. It is important for you to know whether your physical therapist is a preferred provider for your plan. If your PT is not a preferred provider for your plan, you will not be eligible for in-network benefits. Please find out and understand what your out-of-network benefits are.
- Rehabilitation benefits can include occupational therapy, speech therapy, massage therapy, or acupuncture. In addition, physician and chiropractor office can provide and bill for physical therapy services. These services will be paid out of the same benefit limit. It is your responsibility to track benefits that you have utilized at other locations as we do not have access to that information.
- Core Physical Therapy and Spine can ONLY TRACK your plan and prescription limits for services provided at CPTS. It is YOUR responsibility to track services received from other practitioners in other offices. If you exceed your plan limits, you are responsible for payment physical therapy services not covered by your plan.
- Though your plan may not require a prescription for physical therapy to process your claim, ALL plans do require that the services billed are **medically necessary**. To assist in demonstrating medical necessity for your plan of care, CPTS policy requires a current doctor's prescription for physical therapy services. In the absence of a current prescription, you will be asked to sign a waiver agreeing to pay any *patient balance* due as a result of denial of payment due to lack of medical necessity. Prescriptions are current for 30 days unless otherwise specified.

I understand the above issues regarding billing and payment of my physical therapy services.

Patient signature

Date