

# Elite Spine & Extremity Physical Therapy

## BILLING POLICY

Thank you for choosing Elite Spine & Extremity Physical Therapy. The following document outlines our billing policies. Please read these policies carefully and notify the office staff if you have any questions.

We participate with many of the local and state insurance companies, as well as workers compensation and no-fault insurance. In order to submit a claim on your behalf, we need specific information to determine whether or not our services are covered by your insurance plan. This information includes (but is not limited to):

- Personal information (e.g. your name, date of birth, address etc.)
- Reason for needing our services
- Name of your primary insurance carrier
- Member ID and group number
- Secondary insurance
- Valid referral from a physician
- Previous PT within the current calendar year

We will attempt to verify the information you provide to us prior to your visit. Please be aware you are responsible for understanding your insurance plan (e.g. the difference between a deductible vs. co-pay). **Providing us with accurate information at the beginning of your care is absolutely important to avoid unnecessary charges being passed down to you.** We will work with you to make sure the care you receive is reimbursed appropriately. **However, if the information you provide us is inaccurate, you may be financially responsible for the services rendered (see front office staff for a copy of our fee schedule).**

**Co-payments are always expected at the time of service.** Specific arrangements to pay deductibles or co-insurance should be discussed with our billing staff. We accept the following forms of payment: cash, personal check, debit/credit. We keep track of the payments that you make during the course of your care. In the event you miss a payment, we will ask you to pay the balance at the beginning of your next appointment. We will continue to work with you to settle outstanding balances throughout your care and after you have completed PT. If you do not think that you can afford to pay your balance all at once, please speak with our billing staff to find alternative ways to make payments.

**For individuals who do not have insurance or wish to pay out of pocket for their service,** please notify office staff immediately and the therapist in charge of your plan of care, so an acceptable payment plan can be established before services are rendered. We will provide you with our fee schedule so that you can determine how to best proceed with PT. If you do not think that you can afford to pay for the services that you need, please speak with our billing staff to find alternative ways to make payments.

**Please read the following section if you are covered under Workers Compensation or No-Fault Insurance**

**Worker's Compensation:**

Individuals who are seeking care as part of a **Worker's Compensation** case are required to provide us with the same information mentioned above. **In addition to the items above, you are required to provide the following information:**

- Date of injury
- Worker's Compensation Board (WCB) and Carrier case numbers
- Employer's insurance name and address
- Name and contact information of the case manager

**Ultimately, you will be responsible for coordinating with your case manager, referring physician, and us to ensure your care is covered.** Failure to meet specific deadlines outlined by WCB guidelines may negatively impact your ability to receive the care you need. In the event your case is denied, and you still require services, you will have the opportunity to pay out of pocket for your care, while you work to resolve your case with the WCB. We will provide you with a detailed invoice (i.e. "super bill") so that you can submit it for reimbursement.

**No-fault:**

Individuals who are seeking care as part of a **No-fault** case following a motor vehicle accident are required to provide us with the same information mentioned above. In addition to the items above, you are required to provide the following information:

- Date of accident
- Policy holder
- Insurance company's name and address
- Name and contact information of the case manager

**Ultimately, you will be responsible for coordinating with your referring physician, and us to ensure your care is covered.** Failure to do so may negatively impact your ability to receive the care you need in a timely fashion. In the event your case is denied, and you still require services, you will have the opportunity to pay out of pocket for your care, while you work to resolve your case. We will provide you with a detailed invoice (i.e. "super bill") so that you can submit it for reimbursement.