



Estimated Patient Responsibility/ Billing Policies and Procedures

Cash pay: \$150 for evaluation
\$100 for all follow-ups

Approximate estimated insurance rates for care at our facility(see Eligibility Inquiry Report for exact benefits subject to copay/coinsurance/deductible/out of pocket maximum):

Insurance: Rates per visit:	Anthem Blue Cross	UHC	Cigna	Medicare (*if no secondary)	Aetna	TriCare	Blue Shield
Deductible:	\$150-75	\$68	\$125-55	\$150-75	\$110-68	N/A	\$150-75
OOP if ded met:	copay/co-ins	copay/co-ins	copay/co-ins	copay/co-ins	copay/co-ins	N/A	copay/co-ins
Co-ins:	5%=\$7.50-3.75 10% =\$15-7.50 15%=\$22.50-11.25 20%=\$30-15 25%=\$37.5-18.75 30%=\$45-22.50 35%=\$52.50-26.25 40%=\$60-30 45%=\$67.50-33.75	5%=\$3.40 10% = \$6.80 15%=\$10.20 20%=\$ 13.60 25%=\$17 30%=\$20.40 35%=\$23.80 40%=\$27.20 45%=\$30.60	5%=\$6.25-2.75 10% =\$12.50-5.50 15%=\$18.75-8.25 20%=\$25-11 25%=\$31.25-13.75 30%=\$37.50-16.50 35%=\$43.75-19.25 40%=\$50-22 45%=\$56.25-24.75	20% = \$15-45	5%=\$5.50-3.40 10% =\$11-6.80 15%=\$16.5-10.20 20%=\$22-13.60 25%=\$27.50-17 30%=\$33-20.40 35%=\$38.50-23.8 40%=\$44-27.20 45%=\$49.50-30.6	N/A	5%=\$7.50-3.75 10% =\$15-7.50 15%=\$22.50-11.25 20%=\$30-15 25%=\$37.5-18.75 30%=\$45-22.50 35%=\$52.50-26.25 40%=\$60-30 45%=\$67.50-33.75
Copay:	see plan details	see plan details	see plan details	see plan details	see plan details	see plan details	see plan details

Insured Clients:

We are in network with most major PPO carriers. We will bill your insurance if we are contracted with them. Please be advised, some PPO carriers outsource other companies to handle Physical Therapy claims that we are not contracted with. We advise you call your insurance prior to being seen to make sure we are in your network. We are not contracted with any HMOs or EPOs. What you owe will depend on your annual benefits (i.e. your annual deductible, out of pocket, copay, and coinsurance rates). This holds true if you have secondary insurance with benefit limitations. If your insurance is not accepted, you don't have physical therapy benefits/maximum benefits reached, or your insurer denies your visits deeming you responsible, we will switch you to the cash pay rate.

Insurance Denials:

If your insurance denies your physical therapy claims, our staff will make one (1) attempt to call your insurance and see what we can do to fix the issue so that they will pay. After our attempt to re-bill is unsuccessful, it will be up to the patient themselves to work directly with their own insurance to resolve the issue (patient will be informed directly by our facility that your insurance has denied). We will give the patient/insurance 30 days from the date of denial to resolve the issue, after which point we will make the bill patient responsibility (and adjust to our cash rate above).

Insurance claims can take time to process, and receive a response from the carrier on what your final responsibility is (anywhere from a couple weeks to over a month). Our facility cannot be responsible for bills accruing while you are receiving care during waiting periods. While we do our best to investigate and run your insurance to understand your benefits, please be advised this is only a Good Faith Estimate, and **it is the patient's individual responsibility to know their own insurance benefits prior to starting care at our facility.**

Patient Name: _____ Date: _____

Signature: _____