

PAYMENT POLICY

Thank you for choosing us as your outpatient health care provider. We are committed to providing you with quality and affordable health care. We offer, as a service to you, the option of billing your insurance. We will contact your insurance company on or near the initial date of service to verify coverage; however, we encourage you to verify your insurance coverage prior to arrival. ***Benefit verification is not a guarantee of payment. If you have received massage, physical, occupational, and/or speech therapy at another facility it is your responsibility to inform us.***

Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or the other insurers. You must pay for the services in full at the time of the visit.

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Medicare patients. Please check your Medicare handbook for details. All Medicare patients need an updated doctor's prescription ever "30" days per Medicare guidelines. Medicare pays 80% after your \$100.00 deductible has been met each year. Medicare also has a \$1,780.00 cap for occupational therapy, approximately 25 visits with the evaluation included, unless therapy is medically necessary to continue. Speech and physical therapy are combined with a \$1,780.00 cap with approximately 25 visits combined with the evaluations included, unless therapy is medically necessary to continue. You will be responsible for your deductible and co-insurance.

Litigation. This pertains to all patients awaiting settlements to provide Therapy Services with a letter of protection. If one is not received within 2-3 weeks, the patient will be required to make payments while waiting on the settlement. If your case ends unfavorably for you, you will be responsible for the changes incurred. An update is required every 90 days from your attorney.

PEIA. PEIA patients have 20 visits max per fiscal year, all therapies combined. The fiscal year begins on July 1st and ends on June 30th. Benefits are paid at 80% after the deductible has been met. The benefits, which are based on medical necessity, include chiropractic care, physical, occupational, vision, speech, and massage therapy. **Please inform us if any of these services have been performed elsewhere.**

WV Medicaid patients. A copy of your medical card is required (by Medicaid) to be given to Therapy Services at the beginning of each month. Please provide this copy at your first visit of each month. If you change insurance plans and do not inform Therapy Services, you will be held responsible for the charges incurred.

Return check fee. In the unfortunate event that you have check returned to our facility for insufficient funds, you will be subject to a non-sufficient fund fee of \$40.00 due to our facility.

Nonpayment. If your account is over 60 days past due, you will receive a past due statement. If payment is not received within 10 days of receiving this past due statement, you will receive a final 10 day notice. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency or magistrate court.

We accept cash, checks, money orders, Visa, Master Card, American Express, and Discover.

Our practice is committed to providing the best treatment to our patients. Our fees are representative of the usual and customary charges for our area.

Therapy Services, LLC offers to contact most insurance companies in an effort to obtain benefit information prior to initiating therapy. Unfortunately, this does not guarantee coverage for any services rendered. All patients need to check their own benefits in order to eliminate any concerns. If you have any questions, please contact the administrator, Pat Ford.

Sincerely,
Management

Signature

Date