



## FINANCIAL POLICY

Thank you for choosing Phoenix Physical Therapy as your physical therapy provider. We appreciate your trust and the opportunity to serve you. As a part of our service, we try to contain the ever-rising cost of health care. This will explain the reimbursement process and patient's financial responsibility.

### REGARDING INSURANCE

#### **Insurance Filing**

Under Federal regulations, questions concerning eligibility for benefits or coverage of medical treatment or supplies are not claims, and any information provided to you is as a convenience only. Information provided is not a guarantee or determination of benefits and may not be appealed. Benefits are determined once a claim is filed in accordance with the plan's procedures.

**\*\*\*\*I understand Phoenix Physical Therapy cannot guarantee benefits from my insurance company, including, but not limited to, the number of visits the insurance company will cover.\*\*\*\***  
\_\_\_\_\_ (please initial)

If insurance payments are not received within 90 days, the balance will automatically be transferred to the patient responsibility; at that time, cash, checks, or credit cards will be accepted. If necessary, a payment plan may be established.

#### **\*Delinquent Accounts**

If an account goes unpaid and is referred to our collection agency, then the cost for the collection service is the patient's responsibility and will be added to your final balance on your account.

#### **Non-Covered Services**

Each insurance policy may contain clauses that do not cover a particular service or supplies. This does not mean it is not a medically necessary service, it simply means that this policy does not cover that service or supply. Additionally, some insurance companies do not deem certain treatments/visits as medically necessary even though a doctor has prescribed it. These services are the responsibility of the patient.

Supplies, such as theraband, braces, splints, etc., needed may not be covered by your insurance. You will be advised of any such items and payment is expected at the time you receive the supplies.

#### **Copays and Deductibles**

**\*\*\*Copays are due at the time of service\*\*\*.** If you have a deductible that must be met first, we collect \$50 **toward** your deductible at each visit. Please refer to your explanation of benefits the insurance company sends you to know exactly what is due toward your deductible for each date of service. You may owe more than \$50 per visit on your deductible; if so, we will bill you for the remainder at the end of your treatment.

### WORKMAN'S COMPENSATION CLAIMS

We will accept your claim that treatment is subject to a Work Comp claim. All claims will be verified and your Work Comp Carrier will be contacted within 48 hours. If, at any point, Work Comp denies the claim for services, the patient will become responsible. At that time, the patient's personal medical insurance will be filed and/or a payment plan will be established.



## **AUTO ACCIDENTS/LIABILITY/LITIGATION**

Phoenix Physical Therapy will accept these claims within these limits:

- (1) Patient must list claim number (if applicable), billing address and contact information of responsible party and/or attorney. We will call to confirm information presented and obtain any other information needed in order to file your claim(s).
- (2) We will send a Notice of Lien to the proper parties to fill out that states payment is to be made to Phoenix Physical Therapy once an agreement between you and the responsible party has been made.
- (3) We are unable to bill your personal health insurance for auto accident cases.
- (4) If there are any changes to your attorney or auto accident info or you receive an exhaustion letter, it is your responsibility to contact us with this new information. If we do not have this information and the proper parties to bill, the cost of treatments will be your responsibility.

## **STATEMENTS**

Should you have any questions regarding your bill, you may contact the billing department of Phoenix Physical Therapy at (314) 845-8900 in Missouri and (618) 654-4701 in Illinois. Statements are sent monthly. If we are a participating provider in your insurance plan, your statement may not be mailed until after your insurance has paid its portion of your claim.

*By signing below, I verify that I have read and agree to the above policy.*

Acknowledged By: \_\_\_\_\_  
(Patient or Parent)

Witnessed By: \_\_\_\_\_

Dated: \_\_\_\_\_

**Note: Parent must sign if patient is age 17 or younger.**