



Healing Hands Physical Therapy Financial Policies

Thank You for choosing Healing Hands Physical Therapy!

We are committed to your entire experience here being successful. You have a financial responsibility that obligates you to ensure full payment of your bill. Therefore, all patients will be required to establish a financial arrangement for payment of their account. All patients must complete and sign the entire patient registration packet before they see the physical therapist.

Review Your “Schedule of Benefits”

We urge you to review your insurance policy's "Schedule of Benefits". It will help you understand the agreement you have with your insurance company. You should call your insurance company with any specific questions related to your policy relating to outpatient physical therapy benefits. You need to accurately verify and understand your policy's deductible, co-payment, coinsurance, visit limitations, effective annual calendar renewal date, and any pre-authorization requirements. As a courtesy, we will also verify your coverage, but we will not guarantee the accuracy of the information we receive. Your insurance policy is a contract between you and your insurance company. You are responsible to know your level of coverage, and you are ultimately responsible for the full payment of your bill.

Insurance Information

We need complete and accurate information about your policy. We will submit claims to your health insurance company for you. You are responsible for payment of any deductible, co-pay, and co-insurance as determined by your contract with your insurance company. You are responsible for any amount or services not covered by your insurer.

Changes in Coverage

It is your responsibility to inform us of any and all changes of insurance coverage during the course of treatment. Failure to do so may result in denial of coverage by your insurance company.

In Network

You are responsible for meeting the in-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and /or coinsurance as specified in your "Schedule of Benefits". **Healing Hands** has agreed with your insurance company to accept the Preferred Provider maximum allowable charge as full payment for the services rendered. There will be no balance billing for covered services. You are responsible to pay for any services that are received but not covered under your policy. Co-pays or deductibles are due at the time of service.

Out Of Network

You are responsible for meeting the out-of-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and co-insurance. You are also responsible for the difference between billed charges and your insurance company's maximum allowable charges when specified by your contract. Your out-of-network benefits for outpatient physical therapy will be clearly explained in your insurance policy's "Schedule of Benefits". We will submit claims for payment to your insurance company.

Non-Insurance-Fee-For-Service

Fee-for service is exclusively a non-insurance financial arrangement. The Fee-for-service arrangement is exclusively separate from the In-Network and Out-of Network scenarios. Fee-for-service receipts cannot be submitted to insurance for reimbursement. Healing Hands will charge a flat rate for the services rendered.

Medicare

Healing Hands is a Medicare-approved provider of outpatient physical therapy. All Medicare policy holders need to have a physician's referral, and prescription prior to starting as a physical therapy patient at **Healing Hands**. Your initial physical therapy plan of care must be certified by your physician, and if your physical therapy continues beyond 30 days after the date of the first certification, the plan of care will need to be recertified every 30 days by your physician. It is our responsibility to be sure that the plan of care is certified, and this may require you to follow-up with your physician more frequently.

Secondary Insurance

If you have secondary insurance you must present it at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

Minors

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

Personal Injury, Liability, Auto, or Involvement of an Attorney

You need to complete and sign all of the patient registration forms. You must provide us a copy of your personal insurance card. We will also need a physician's written referral for these cases. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill.

Your Statements

Patient statements will be mailed out monthly. As a courtesy, **Healing Hands** will submit claims to your health insurance company after each visit, and we will apply payments received to your account. If needed, we will re-submit these claims to ensure

payment of your benefit for covered services. In the event that repeated submission of claims does not satisfy your bill for the services rendered you will be responsible for the full payment of your bill. In addition, any remaining balance remaining after your health insurance has paid is your responsibility.

Disputes

Our Financial Policy is designed to promote due diligence and a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors, miscommunication, and bad information with regard to your insurance or other financial arrangement for payment. We will not become involved in disputes between you and your insurance company regarding, but not limited to, deductibles, co-insurance, co-payments, covered services, pre-authorization, and usual and customary charges.

Payment

We accept cash, check, VISA, Mastercard, & Money Order. There will be a \$30.00 service charge for all returned checks. If you have insurance, balances will be considered current from the date your insurance pays its portion.

Collections

We will work with you to avoid sending your account to collections. In the event of default on your account, your account will be turned over to a collection agency. You will be responsible for the unpaid balance.

Uncovered Supplies

Throughout the course of your treatment you may need a brace or other therapeutic supplies recommended by your physician or physical therapist. **Healing Hands** will not submit claims for braces or other therapeutic supplies to your insurance company. Therefore full payment for these supplies is due at the time of service or purchase. You may submit the receipt for these purchases on your own to your health insurance company.

PAYMENTS DUE AT THE TIME OF SERVICE

- 1. Co-pays** that are required by your insurance policy are due at the time of service.
- 2. If your deductible** has not been met, **Healing Hands** requires a payment of at least every month toward your policy's deductible.
- 3. If you are a Self Pay/Private Pay patient,** full payment must be received for the services rendered at the time of service.
- 4. Exercise equipment, and other products and supplies are not covered by insurance and must be paid for at the time of receipt.**