

Policies and Procedures

We welcome you as a new patient of Gainesville Physical Therapy & Wellness, LLC. (GPTW). To keep you informed of our current office and financial policies we ask that you acknowledge, with your signature, having received our Policies and Procedures. Please keep this document for future reference.

Insurance

PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY YOUR BENEFITS. We will verify your insurance as well. Please note that when we verify benefits, we are simply relaying information obtained from your insurance company and GPTW is NOT responsible for any erroneous information they might provide. (Please see "Patient Insurance Verification Questionnaire".)

For insurance plans that we contract with, that require co-pays, the co-pay must be paid prior to any services being rendered. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by the insurance carrier. Because of federal regulations, we are unable to extend courtesy or professional discounts to anyone, or to waive co-pays or deductibles. Any deductibles and co-insurances will be determined as you progress with your care.

Payment for any co-insurance, deductibles or non-covered services as required by your insurance is expected at the time of service. A receipt will be issued at that time, which will be your proof of payment. Proof of payment will be required when disputing whether or not a co-payment was made at the time of service. I understand GPTW will help in billing my insurance company for payment, but it is my responsibility to follow up on any claim submitted if any payment is not received in a reasonable amount of time.

You will receive and Explanation of Benefits (EOB) from your insurance company indicating what they have paid and your financial responsibility. Any remaining balance is due upon receipt of that EOB. Please send this amount immediately to our office at: Gainesville Physical Therapy & Wellness, LLC, 4113-C NW 6th Street, Gainesville, FL 32609. Any portion of your bill that is your responsibility will be billed to you after receipt of payments from your insurance company.

Please be advised that, if you are seeing a massage therapist or chiropractor, do not schedule physical therapy on the same day. Insurance will not pay for both treatments if they are on the same day.

Cash-Pay

For patients who do not have insurance coverage, or wish to not involve their insurance company, or have exhausted their physical therapy benefits, we offer a cash discount if paid at the time of service. Cash-pay services cannot be billed to your insurance. We provide this option to make your healthcare accessible and affordable.

We accept cash, check, MasterCard, Visa and Visa debit. There will be a fee of \$35 charge for all returned checks.

With the above said, it is our goal to work with you to keep your account up to date. If you are in a financial hardship, please make sure your PT is made aware so that your plan of care will be one you can financially afford. We also may have other plans you may qualify for. We need to know in order to help.

Again we welcome you as a physical therapy patient and will be happy to answer question you may have on the above policies.

Initial Disclosure

(This concerns any part of an account that reaches an age of 60 days or older from the time of service.)

In order to keep overhead cost to a minimum, there will be a 60 day period from the time service is rendered in which the bill must be paid without the addition of any FINANCE CHARGES. At that point in which any part of the balance becomes 60 days old, a FINANCE CHARGE will be assessed. The FINANCE CHARGE is 1.5% per month (periodic rate), which is 18.5 ANNUAL PERCENTAGE RATE. We figure (a portion of) the FINANCE CHARGE on your account by applying the periodic rate to the "60 Day" part of your account. The "60 Day" part of your account is arrived at by adding together the amounts from the previous month that appear in the "30 Day" and "60 Day" columns of your bill (which is to say, any part of your account that is 30 days or older from the previous month) and subtracting from that column any payment or credits posted during the course of the present billing cycle. All account balances over 120 days will be turned over to an outside collection agency. A 25% collection fee may be added to your account balance if outside collection efforts are needed. Any previous account balances must be paid in full prior to receiving additional services.

If you think your bill is wrong, or if you need more information about a transaction on your bill, contact our office and the appropriate person will assist you, 352-376-6300.

We must hear from you no later than 30 days after we sent you the first bill in which the error or the problem appeared.

You do not have to pay the amount in question while we are investigating, but you are still obligated to pay the parts of the bill that are not in question. While we investigate your question, we cannot report you as a delinquent or take any action to collect the amount in question.

No Show/ Cancellation Policy

We realize that unexpected circumstances can arise. However, there is a \$35 charge if you do not show for a scheduled appointment and do not call 24 hours prior to the appointment. If you cancel or no show more than (3) appointments with less than 24 hour notice, you will be discharged. These charges are not covered by insurance and will have to be paid personally upon your next scheduled visit. PLEASE call if you are sick. Do not come to the office! Please cooperate with us in this regard. Because of our small business, cancellations affect us significantly. Therefore, we adhere to a very strict cancellation policy.

We're looking forward to working with you!