

## Insurance Information Sheet

This information sheet is given to you as a courtesy of Gainesville Physical Therapy to outline in detail what is expected of you as our patient. We want you to know everything up front so that there will be no questions about what your responsibilities are financially. We have found over the years that paying as you go is the best possible solution for everyone involved. This will save you the hassle of a large bill at the end of your treatment. Keep in mind that even after paying your "estimated" amount each visit, there may be a balance due at the end of treatment, but if so, it is usually substantially less than what you will have received if you did not pay on your account as you go.

**Gainesville Physical Therapy verifies your insurance coverage as a courtesy to you, and is not a guarantee of coverage. If the information provided by your insurance company is not accurate or the coverage changes, you will be responsible for payment on all services not paid.**

### Insurance Coverage:

- Your insurance has stated they will cover your physical therapy services at \_\_\_\_\_ %.
- Your insurance has stated they will cover \_\_\_\_\_ visits per year/ rolling 6 months.
- You are authorized for \_\_\_\_\_ visit per prescription at which time you and your therapist will discuss further needs of care.

Patient Financial Responsibility: \_\_\_\_\_ Out of Network \_\_\_\_\_ In Network

- Patient will be responsible for a co-insurance amount of \_\_\_\_\_% per visit, not including any deductible that has not been met or any "uncovered" charges by your insurance company.
- Patient will be responsible for the cost of all supplies distributed by Gainesville Physical Therapy.
- Gainesville Physical Therapy will collect \$ ~\_\_\_\_\_ for each visit which will be applied towards your *co-insurance* percentage. This will vary secondary to the charges/treatments by your Physical Therapist at each visit.
- Patient is responsible for a *co-payment* of \$\_\_\_\_\_ for each visit.
- For cash patients, sessions are required to be paid in full before each treatment.

### Cancellation Policy:

- We need 24 hours' notice so we can fill the spot vacated by your cancellation.
- If you fail to show to your appointment without notice, you will be assessed a \$35 fee that will be collected at your next visit or billed to you up on your discontinuation of treatment.
- We require a 24-hour notice for all cancellations. If you fail to do so, you will be assessed a \$35 fee that will be billed to you by our company.

### Privacy Policy:

- The government has developed a new privacy policy designed to protect your health information.
- Please read our policy in full in case you need to access this information at any time.
- Please be mindful of other patients and their right to privacy. Physical Therapy happens in an open environment and we must respect the privacy rights of others as well as your own.
- We ask that you not inquire about another patient's condition. We will not be able to disclose this information. If the patient wishes to discuss their condition with you, that would then be up to the patient and would be deemed appropriate.

I have read all of the above information and understand that I am financially responsible for all services rendered and Gainesville Physical Therapy is billing my insurance company as a courtesy to me. In the event that my insurance company is not paying my claims, I will participate in helping Gainesville Physical Therapy to get these claims paid.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gainesville Physical Therapy Representative

\_\_\_\_\_  
Date

## Frequently Asked Questions about Insurance

Let's see if we can bring some clarity to this topic. We will start by saying there is no straightforward answer. Each company is different in what they offer and each plan they offer can differ from person to person. They can also differ in how they process claims. In this I will try and define some of the more common terms and empower you with some general knowledge and tools to help.

We will submit claims to your insurance company. To be able to do so we need up-to-date information from you, our patient. Information that insurance carriers require include

- Patient's Name
- Patient's Date of Birth
- Patients Policy/Member Number
- Insurance Card Holders name, date of birth and relationship to said patient
- Copy of your current insurance card(s)
- Referring or Primary Physicians Name

First, is the place you are looking to have services rendered **in or out of network** with your insurance company? You do have the right to choose where you go. If a place is **in network** with your insurance, they have a contract with your insurance company meaning the clinic can only accept a previously agreed upon amount for services rendered. If a place is **out of network**, there is no contract, meaning you are responsible for the total bill (more out of your pocket). Something else to keep in mind is if the place is associated with a hospital. If so, the cost may be higher, simply because of the hospital association, regardless of network status. Typically, there are two ways insurance companies can process claims. One way is that the claim goes towards a **deductible and co-insurance**. With this method, each visit will vary in cost depending on what is done. Insurance will process the claims, however you will be completely responsible for the services provided until your deductible has been satisfied. Once that deductible is satisfied the insurance company will pay a percentage (for example 80%) and your responsibility would be the **co-insurance** (the remaining 20%). Therefore, your financial responsibility is greatly reduced. A second way that a claim can be processed is with a **co-pay**. This is a one flat amount due each visit, for example \$25.

Other things to keep in mind are:

- What your out-of-pocket amount is. This is the maximum amount that you are required to pay out of pocket each year.
- Is there a visit limit? Sometimes the insurance company will limit the number of visits allowed per year or they will limit the amount of money they will pay towards a service.
- Doctor's offices may check on your benefits, however it is the patient's responsibility to be informed about their benefits. Any information provided to you by the doctor's office is only an estimation of benefits. Claims will be processed based on the written guidelines of your health plan at the time services are rendered.

### **Why does the amount I am asked to pay continue to change?**

With your insurance plan you have a deductible and co-insurance. Insurance will start paying a percentage once your deductible has been satisfied. The cost will vary depending on the services rendered each day. We do our best to guesstimate your cost at the time of service; however, we defer to the Explanation of Benefit we

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receive from your insurance company once they have processed your claims based on your plans benefits at time of service. If we collected a little too much, the overage will be applied to future visits, and if we didn't collect quite enough the difference would be collected at a future visit. In the end, it all balances out. However, if it appears as though we owe you a refund, one will be sent to the address we have on file.

## **HSA/HRA**

We do accept HSA/HRA cards and we realize that you need certain forms so you may be able to continue using the card. These forms are made available on the 1<sup>st</sup> and 15<sup>th</sup> of every month. Every time they are printed they will include, by necessity, all dates of service starting from your initial evaluation with our clinic. The easiest way for you to submit your claim is to email a request of your patient ledger to [gainesvillept@gmail.com](mailto:gainesvillept@gmail.com). This ensures a pdf of this document can be emailed directly to you for your convenience as you will need to upload this to your HSA/HRA account.

**Explanation of Benefits (EOB's):** Most insurance companies provide their customers with an explanation of benefits outlining the charge submitted by the healthcare provider. The insurance company has an amount that they have determined to allow for each code. The insurance company may then further break down that charge into what they will pay and what is your financial responsibility. You may receive your EOB before we receive a payment from the insurance company.

**Insurance Company Payments:** Your insurance company will send us an EOB and a check if payment is due by them. This paperwork is processed by our Billing Department. EOB's are usually processed within a week of being received. Keep in mind that most insurance companies take a MINIMUM of 1-month to make a payment to our office. *We require patients make payments at each appointment to keep up with the requirements of insurance coverage.*

**Your Invoices:** Once the insurance company's payment and EOB are sent to the Billing Department, the information is entered into the billing software. Statements to patients are generated and mailed out on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Services that have not been paid for are due upon receipt of bill. We accept cash, check, and credit cards (Visa and MasterCard).

**Collections:** Patients will be turned over to collections if no payment is received within three months after the completion of Physical Therapy.

**Payment Plans:** For individuals who are unable to pay a balance in full, payment plans are available. Patients will need to contact Rachel, our Business Manager (352-376-6300) to make arrangements

If you have any further questions regarding your specific plan, call the office today at 352-376-6300. Our Business Manager is happy to answer any questions you have about insurance.