



## Insurance Frequently Asked Questions

Each insurance 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, we will try and define some of the more common terms to empower you with general knowledge and tools to help.

Information that insurance carriers require include:

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

Is the provider you want to see **in or out of network** with your insurance company? You do have the right to choose where you go. If a provider is **in network** with your insurance, they have a contract with your insurance company which means that provider accepts a previously agreed upon amount for services rendered. If a provider is **out of network**, there is no contract, which means you are responsible for the total bill. Another thing to keep in mind is if the provider 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 process claims: **deductible with co-insurance** and **co-pay**. With **deductible with co-insurance method**, each visit will vary in cost depending on services provided. The insurance company 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%). With a **co-pay method** one flat amount is due each visit (for example \$25). What you are responsible for depends on your specific policy.

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 toward a particular service.
- Doctor's offices may check on your benefits; however, it is your responsibility to be informed about your benefits. Any information provided to you by the doctor's

*“Where You Matter and Your Results Count”*



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.

**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 one month to make a payment to our office. *We require patients to make payments at each appointment in order to keep up with the requirements of insurance coverage.*

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

If your insurance plan has a deductible and co-insurance, you will be completely responsible for the services provided until your deductible has been satisfied at which point your insurance will start paying a percentage. We do our best to estimate your cost at the time of service; however, the cost may vary based on services rendered each day. *If we collect too much; the overage will be applied to future visits. If we did not collect enough; the difference will 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 once all claims are processed.

**Your Invoices:** Once the insurance company's payment and EOB are sent to the Billing Department, the information is processed. Statements to patients are then generated and mailed out. Services that have not been paid for are due upon receipt of bill. We accept cash, check, and credit cards (Visa and MasterCard).

#### **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. The easiest way for you to submit your claim is to email a request for your patient ledger to [billing@gainesvillephysicaltherapy.com](mailto:billing@gainesvillephysicaltherapy.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.



GAINESVILLE  
**PHYSICAL THERAPY**  
& Wellness

Gainesville Physical Therapy & Wellness  
4113 NW 6th St. Ste C  
Gainesville, FL 32609  
P: 352-376-6300  
F: 352-372-0661

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

**Collections:** Patients will be turned over to collections if no payment is received within three months after the completion of Physical Therapy. Any accounts that are sent to collection will have a finance and collection fee added to the total balance. Please see the Policy & Procedures for details.

If you have any further questions regarding your specific plan, you can call your insurance customer service number or our office today at 352-376-6300. We are happy to answer any questions you have about your insurance.

Gainesville Physical Therapy and Wellness 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.

*“Where You Matter and Your Results Count”*