



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 provide this Policy and Procedures form.

Insurance

We will verify your insurance before your first visit, as a courtesy to you. Please note that when we verify benefits, we are relaying information obtained from your insurance. GPTW is NOT responsible for any erroneous information they might provide. Please feel free to contact your insurance company yourself for additional clarification. (See “Patient Insurance Verification Questionnaire” on our website to assist you with this).

For insurance plans that require co-pays/coinsurance, 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 your insurance carrier. Because of federal regulations, we are unable to extend courtesy or professional discounts to anyone, or wave co-pays or deductibles. A receipt is always available, which is your proof of payment.

You will receive an 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 NW 6th Street Suite C, 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 understand GPTW will help in billing your insurance company for payment, but ultimately unpaid claims become patient responsibility.

*****It is your responsibility to keep track of your insurance visits.*****

*****Please be advised 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 not to involve their insurance company, or have exhausted their insurance benefits for physical therapy, we offer a cash discount that is due at the time services are rendered. Cash-pay services are not and cannot be billed to your insurance. We provide this option to make your healthcare accessible and affordable.



No show/Cancellation Policy

We realize that unexpected circumstances can arise. However, there is a \$50 charge if you do not show for a scheduled appointment and do not call prior to the appointment. If you cancel more than three (3) appointments with less than 24 hr notice, you may be discharged. These charges are not covered by insurance and will have to be paid personally upon your next scheduled visit. Please cooperate with us in the regard.

Initial Disclosure

This concerns any part of an account that reaches an age of 90 days or older from the time of service. In order to keep overhead cost to a minimum, there will be a 90 day period from the time service is rendered in which a bill must be paid without the addition of any FINANCE CHARGES. At that point in which any part of the balance becomes 90 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 '90 DAY part of your account. The "90 DAY" part of your account is arrived at by adding together the amounts from the previous month that appear in the "60 DAY" and "90 DAY" columns of your bill (which is to say, any part of your account that is 60 days or older from the previous month), and subtracting from that column any payments 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 will 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, contact us at 352-376-6300. We must hear from you no later than 30 days after we sent you the first bill in which the error of 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 you question.

We accept cash, check, debit and credit cards. There will be a fee of \$35 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 financial hardship, please make sure your therapist 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 any questions you may have on the above policies. We're looking forward to working with you!

GPTW Staff

"Where You Matter and Your Results Count"