

## ELITE THERAPY, P.C. Financial Policy

We strongly feel that all patients deserve the very best medical care we can provide. Further, we feel that everyone benefits when definitive financial arrangements are agreed upon. Accordingly, we have prepared this material to acquaint you with our policy. Our professional services are rendered to you, not the insurance company. Therefore, payment for treatment is your responsibility.

Our Business Office Manager will be happy to discuss our payment policies with you and answer any questions you may have before treatment begins. You may call us at 570-662-1400. **Payment can be made with Checks, Cash or Credit Cards and is due at the time of service.**

- **If you are not covered by insurance**, payment in full is expected at the time services are rendered.
- **If you are covered by insurance** (health, auto, workers' compensation), and *ELITE THERAPY, P.C.* is a participating provider with your insurance company, as a courtesy, we will submit a bill to your insurance carrier. If any procedure or visit is denied by your insurance, you are responsible for payment in full.
- **If you have secondary insurance** to cover co-payments and/or co-insurance, *ELITE THERAPY, P.C.* will also file for that reimbursement as a courtesy to the patient.
- **Your insurance coverage must be verified** by *ELITE THERAPY, P.C.* for us to submit your bill to your insurance carrier. Otherwise, you are responsible for full payment at the time of the office visit.
- **Payment for all services not covered** by your insurance carrier (co-payment, co-insurance, unmet deductible, supplies) is expected at the time services are rendered.
- **It is the patient's responsibility to know the requirements of their insurance carrier** to cover physical therapy services. Our Business Office can help you in retrieving this information if necessary.
  - The referral and/or prescription for the physical therapy services must be current (within 30 days of beginning therapy).
  - If your plan requires referral from your primary care physician for services, you are responsible for knowing this requirement and facilitating this referral.
  - It is also the patient's responsibility to monitor the number of authorized visits.
  - Frequently, an insurance company will reject payment if the referral is not current or authorized visits have been exceeded.
- **If you have not met the requirement of your insurance plan** for reimbursement, you are responsible for payment of services. There may be charges that your carrier will not pay per your insurance policy. Your therapists will plan your treatment based on the best techniques judged to expedite your full recovery, not by insurance payments.
- **Patients who are participants in a PPO/HMO plan** are responsible for their designated co-payment or co-insurance at each visit. Also, the patient must pay for any supplies, braces, custom splints and other services that are not covered by their insurance plan.
- ***ELITE THERAPY, P.C.* will submit the bills for Medicare patients.** The patient is responsible for any unmet deductible, the 20% co-pay, and any supplies not covered by Medicare at each visit. If the patient has secondary insurance coverage, the 20% co-pay will be billed to that carrier by *ELITE THERAPY, P.C.* as a courtesy to the patient.
- **Worker's Compensation** cases will be billed directly to the insurance carrier. If reimbursement is not received within forty five days, *ELITE THERAPY, P.C.* reserves the right to terminate treatment and will notify the patient's adjustor and physician so they may be referred to another facility.
- **If you are covered under automobile insurance**, your own auto carrier will be billed for services. Payment from the carrier must be made in full within forty five days. *ELITE THERAPY, P.C.* does not accept the carrier's Usual and Customary Reimbursement (UCR) charge as payment in full. The balance of payment will be the responsibility of the patient.
- **Personal Liability patients** are responsible for paying for services at the time of treatment, and such payment is not contingent on any settlement, judgment or insurance payment by which the patient eventually recovers said fee. *ELITE THERAPY, P.C.* does not accept Letters of Credit in lieu of payment.
- **If your insurance carrier fails to pay** your balance in full, or there is no payment made within forty five days, it is your responsibility to pay your balance in full.
- **If no payment is made to your account within ninety days**, interest will start accruing at 1½% per month. If you fail to make payments on your account, you will be responsible for any & all reasonable costs of collection, including filing fees as well as reasonable attorney's fees.