

ADVANCED TRAINING AND REHAB

Physical Therapy and Sports Specific Fitness Training

FINANCIAL POLICY

Thank you for choosing Advanced Training and Rehab as your health care provider. We appreciate your trust and the opportunity to serve you. As a part of our service, we try to contain the ever-rising cost of health care. This will explain the reimbursement process and patient's financial responsibility.

REGARDING INSURANCE

Insurance Filing

Under Federal regulations, questions concerning eligibility for benefits or coverage of medical treatment or supplies are not claims, and any information provided to you is as a convenience only. It is not a guarantee or determination of benefits and may not be appealed. Benefits will be determined after treatment when a claim is filed in accordance with the plan's procedures.

******I understand Advanced Training and Rehab cannot guarantee how insurance will process my claims, including, but not limited to, copay's, deductible's, and number of visits my insurance covers.******

_____ (please initial)

If the payer's rate is less than Advanced Training and Rehab's contracted rate with your insurance carrier, you will be responsible for the difference.

If insurance payment is not received within 90 days, the balance will automatically be transferred to patient responsibility; at that time, cash or checks will be accepted. If necessary, a payment plan may be established.

*Delinquent Accounts

If an account goes unpaid and is referred to a collection agency, then cost for the collection service is the patient's responsibility.

Non-Covered Services

Each insurance policy may contain clauses that it does not cover a particular service. This does not mean it is not a medically appropriate service, it simply means that this policy does not cover that service. Additionally, some insurance companies do not deem some treatments/visits as medically necessary even though a doctor has prescribed it. These services are the responsibility of the patient.

Also, some supplies needed may not be covered by your insurance. You will be advised of any such items and payment is expected at the time you receive the supplies.

Usual & Customary Rates

Every insurance company uses a table of what it considers "usual & customary rates." These rates are established using a wide geographic area and may not truly represent reasonable rates for this area. Our practice is committed to providing the best treatment for our patients and we charge less than what is "usual & customary" for our area. Any "UCR" reduction taken by your insurance is the responsibility of the patient.

Copays and Deductibles

*****Copays are due at the time of service***.** If you have a deductible that must be met first, we collect \$50 minimum toward your deductible at each visit. Please refer to your explanation of benefits the insurance company sends you to know exactly what is due toward your deductible for each date of service. You may owe more than \$50 per visit on your deductible; if so, we will bill you for the remainder at the end of your treatment.

WORKMAN'S COMPENSATION CLAIMS

We will accept your claim that treatment is subject to a Work Comp claim. All claims will be verified and your Work Comp Carrier will be contacted within 48 hours. If, at any point, Work Comp denies the claim for services, the patient will become responsible. At that time, the patient's personal medical insurance may be filed or a payment plan established.

AUTO ACCIDENTS/LIABILITY/LITIGATION

Advanced Training and Rehab will accept these claims within these limits:

1. Patients must sign medical liens, directing the responsible party to pay Advanced Training and Rehab in full when the claim is settled.
2. A copy of your personal medical insurance will be kept on file. After denial, if a claim remains unsettled, the balance becomes the responsibility of the patient. Your medical insurance will be filed or a payment plan may be established, at the discretion of Advanced Training and Rehab.
3. The patient authorizes Advanced Training and Rehab to assert a lien or financial stake in the insurance proceeds by signing below.
4. The patient authorizes Advanced Training and Rehab to be paid directly by third party ins

STATEMENTS

Should you have any questions regarding your bill, you may contact the billing department of Advanced Training And Rehab at (314) 434-6060. Statements are sent monthly. If we are a participating provider in your insurance plan, your statement may not be mailed until after your insurance has paid its portion of your claim.

By signing below, I verify that I have read and agree to the above policy.

Acknowledged By: _____

Dated: _____

Witness: _____

Note: Parent must sign if patient is age 17 or younger.