

Billing policy 2018 – Medicare

My goal

“To provide the highest quality physical therapy for pelvic dysfunction and lymphedema.”

Medicare

Please make sure you have standard Medicare and not a Medicare replacement plan. (see attached information for Medicare replacement plans).

I am in network for Medicare. It is not necessary to check PT coverage – I use the same codes as with “regular” physical therapy.

I have standard Medicare

Medicare has regulations on the amount of money used for PT each year (Jan 1 to Dec 31). Coding changes will be necessary if you have used the first allotted amount (about \$2,000). Please tell Beth if you have had any PT this year so she can call and check.

I have not had any physical therapy during this calendar year

I have had physical therapy during this calendar year.

- Please estimate the number of visits you have had this calendar year. _____
- Are you still actively seeing another PT _____
- It is very important not to see two different PTs on the same day

It is not possible for me to bill outpatient PT if you are currently receiving home health services paid by Medicare. I am not receiving home health services covered by Medicare

Supplemental insurance

In most cases, with both Medicare and a supplemental you are not responsible to pay anything for the therapy. In most cases the bill will be automatically sent to the secondary insurance.

However, there are a few secondary insurance plans which do not cover all expenses and you may have a small balance each visit.

I am unable to bill Medicaid secondary. Please speak with Beth if you have Medicaid secondary.

- I understand that some supplemental insurance companies require preauthorization, or have reimbursement limits on physical therapy. **I understand that I am responsible for knowing and meeting these requirements.**

I have already checked my secondary insurance coverage benefits

I will check my secondary insurance benefits myself.

- I authorize Beth Shelly PT to bill my insurance company directly for the covered portion of charges, and I authorize payment of medical benefits directly to Beth Shelly PT.
- I understand that **I am ultimately responsible for my physical therapy charges** and agree to pay any charges not reimbursed by my insurance carrier.
- I agree to pay all remaining charges within 30 days of receiving the bill.
- If there is no payment and no communication for three months the account will be sent to collections.
- Balance remaining 6 months after the initial statement may be subject to 18% interest.
- Balance can be paid by: Cash, Check made payable to Beth Shelly PT, Credit card, debit card or health savings accounts on line or in the clinic.

My goal is to provide high quality therapy to restore you to good health and full activity level. I look forward to working with you to achieve your health goals. Please speak to me if you have questions or concerns. 563-940-2481 An answering machine is on at all times if I am not available. A copy of this page will be provided at the time of your first visit for your future reference.

Don't let anything get in the way of your success in physical therapy – you are worth it - achieve great health now.

Patient signature: _____ Date: _____