

Beth Shelly Physical Therapy LLC – BCBS / Wellmark

Beth's goal

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

Checking your insurance benefits

I am in network with most BCBS policies. Chicagoland Medical Billing Specialists (815- 986-4444) will check your benefits immediately after your first visit. The information needed for an insurance benefit check is on the New Patient information form. Make sure to bring a copy of the New Patient information form and your insurance card to your first visit. You may wish to have an insurance check before your first visit. Please provide information in one of the following ways:

- Call Chicagoland Medical Billing Specialists 815-986-4444 to provide the required information
- Fax the completed New Patient Information to Chicagoland Medical Billing Specialists at 815-986-0796
- Mail the completed New Patient Information form to Chicagoland Medical Billing Specialist 5301 E. State St, Suite 117 Rockford, IL 61108. Please allow 7 to 10 business days before your appointment
- Results of the insurance benefit check will be available from Beth at your first visit

Disclaimer: This check of insurance is not a guarantee of payment. Your insurance company could have omitted important information, or misquoted benefit information. You should double check your benefits either by reading your policy or by contacting your insurance directly.

Information needed in order to check your own benefits

- Beth Shelly Physical Therapy LLC Tax ID number 83-2117985.
- Beth Shelly Physical Therapy LLC Billing NPI 1962973073
- I bill physical therapy as an office visit.

Patient's responsibility

- I authorize Beth Shelly PT LLC to bill my insurance company directly for the covered portion of charges, and I authorize payment of medical benefits directly to Beth Shelly PT LLC.
- I understand that **I am ultimately responsible for my physical therapy charges** and agree to pay my deductible, co payment, and any charges not reimbursed by my insurance carrier.
- I agree to pay flat fee co payments at the time of service. (Percentage coinsurance will be billed after reimbursement has been received)
- Deductible - If there is a large unsatisfied deductible that applies to physical therapy I require some payment each visit (\$100 is best).
- 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.

Physical therapy bill can be paid by: Cash, Check made payable to Beth Shelly PT LLC, or 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: _____