

Welcome to Sports & More Physical Therapy, Inc. We would like to familiarize you with our philosophy of treatment as well as our policies and procedures for payment and billing. Please review the following and let us know if you have any questions.

Evaluation and Treatment

-Each patient will be **evaluated upon the first visit** to determine a physical therapy assessment of the problems which should be addressed in order to provide the best functional outcome. This includes the collection and analysis of the **patient's** perceived functional status through the use of a national outcomes database (FOTO). This will continue throughout the patient's episode of care.

-Each patient will be seen each visit by the same licensed physical therapist (except in rare cases where scheduling does not permit). Each visit is scheduled **for at least 40 minutes, new evaluations for 60.**

-Each patient will receive **hands on manual therapy** as well as a **home exercise program** which the patient is expected to perform in order to achieve optimal results.

-The **referring provider will receive a copy of the Initial Evaluation** documentation within 48 hours of the first visit. Follow up reports will be sent to the referring provider previous to follow up visits with that referring provider. Please inform your physical therapist of your next visit with your referring provider.

Payment and Billing

-We are **contracted with most major insurance plans**. If we are not contracted with your insurance plan we will inform you of this previous to your first visit and explain options.

-We will call to **verify your insurance benefits** prior to your first visit. Each patient is expected to sign our **Verification of Benefits/Network Waiver** prior to the first visit. This helps prevent confusion or miscommunication regarding payment expectations. Even though we make a thorough attempt to collect accurate insurance benefit information this does not assure that we have all necessary information to determine your ultimate cost.

-If you are required by your insurance to have authorization before receiving physical therapy we will obtain it prior to your visit. **Please note: as they state to us, confirmation of authorization does not guarantee that the insurance company will pay us and you may be responsible for payment.**

-If you have a **co-pay** for physical therapy you are expected to pay this **before** your visit. If you have a deductible which has not been met you will be expected to pay in full at time of visit. **We do not accept cash;** we do accept VISA, Discover, Master Card, American Express and PayPal credit cards as well as checks. **There is a \$25 returned check fee which is automatically assessed by our bank.** We will not accept checks after two returned checks. We also accept HSA and FSA cards.

-**For your protection and to comply with HIPAA regulations**, we require that a **photo ID** be presented that matches the information on your insurance card. (For minors, a photo ID of the person who is responsible for payment and/or who is named on the insurance card as the policyholder.)

-We will **submit claims to all insurance companies with which you have your primary coverage** and we will provide follow up on your behalf. If denied, we will resubmit the claim one time after which time we expect the responsible party to pay the balance in full. We request the patient's cooperation in providing all necessary information, including a copy of the current insurance card, to complete this process efficiently and effectively. We will not submit any claims to a third insurance.

-We will provide a **receipt** for each visit. **Statements** will be sent **only after we have received payment or denial from your insurance company**. Thereafter, the patient will receive a statement on a monthly basis. Failure to make payment could result in termination of treatment.

-**Workers Compensation** patients must provide Sports & More Physical Therapy, Inc. the name and phone number of a person who can provide verification and billing information before treatment is rendered. The patient will not be billed unless the claim is denied by the insurance carrier or the N. C. Industrial Commission in which case the patient will be responsible for the bill in full. If you choose to file your personal health insurance for what **may** be a workers' compensation claim, we cannot change the insurance to which the claim is submitted. If applicable, we will provide you with the necessary information to pursue reimbursement from the responsible party.

-**Third-party liability patients** – Those who plan to pursue payment from another party or another party's insurance are expected to pay in full at time of visit or obtain signature from the third party stating that they will submit payment within **30 days of each visit**. This third-party liability agreement form must be signed **before** treatment is rendered.

-**Self-pay patients** are expected to pay in full at the time of each visit.

-If you have a **balance** on your account that has not been paid after three billing cycles we will inform you that your account will be sent to our collection department. If no payment is made on the account we will terminate treatment in 30 days. We will work with you in setting up a payment arrangement but we do expect the remaining balance to be paid in a timely manner.

-If there is a **refund** due to you we will promptly pay you **AFTER** your episode of care is **complete** and all claims for this episode have been processed.

Cancellation/No Show Policy

-In order to serve all of our patients in the highest quality we request that you notify us of a cancellation greater than 24 hours before the appointment. We do realize that this is not always possible, however, we must reserve the right to charge for missed appointments when adequate notice is not provided. This will be a **\$25 missed appointment charge** and it will be assessed to your account for no shows or cancellations which do not meet our 24-hour advance notice criteria. After two consecutive no shows without reasonable explanation we will not schedule any further appointments. We will send email and/or text reminders if you give us permission to do so. The text will be from a (949) area code; the email from Optimiscorp.com.

Medical Information Release

-Documentation of your visits at Sports & More Physical Therapy, Inc. will be provided only to your referring provider and insurance company unless you complete a Medical Information Release form to request and give us permission to do so.

Medicare Requirements and Caps for Physical Therapy

-Those patients utilizing Medicare benefits for either primary or secondary coverage are required by federal regulations to have physician, physician assistant or nurse practitioner involvement in their physical therapy care. There is a \$1980 cap on therapy services for 2017 for PT and Speech Therapy combined. There is an exceptions process in place for services that are deemed medically necessary. In addition, Medicare has re-implemented an additional cap in 2017 of \$3700 after which Medicare will not pay for services unless they have been approved after a manual medical review. Please help us keep track of these limits by sharing any information you receive from Medicare as soon as you receive it.