



FINANCIAL POLICIES

(Updated October 2022)

Please *carefully* review.

Compass Physical Therapy LLC participates in most health plans, but not all. We will attempt to verify your current insurance coverage before your first appointment and will share any information we have. However, it is ultimately your responsibility to know your physical therapy coverage.

PLEASE NOTE: Verification of PT benefits is NOT a guarantee of payment.

See below for the coverage that applies to your insurance type:

- **MEDICAL INSURANCE COVERAGE:** Plans vary greatly from full coverage to none. As part of our contractual agreement with your insurance company, we must collect co-pays and deductibles directly from you. Your annual deductible must be met before your insurance company will pay for your physical therapy treatments. PT is an HSA and FSA covered expense.
- **MEDICAID:** Compass Physical Therapy LLC participates with most Medicaid programs. Currently, Medicaid **requires a physician's referral/prescription.** Upon evaluation, we will submit for prior authorization to treat your specific condition if required.
- **MEDICARE:** Compass Physical Therapy LLC participates with Medicare and we will bill Medicare as well as any supplemental insurance company provided. Medicare requires **your referring physician to sign our PT Plan of Care within 30 days of evaluation** in order for Medicare to continue to pay for your treatments. Please contact us to discuss your individual concerns.
- **WORKER'S COMPENSATION AND MOTOR VEHICLE ACCIDENTS:** It is your responsibility to provide us with the name and address of the insurance carrier along with **your claim number.** If your claim is denied, for any reason, we will attempt to bill your private health care insurance, but understand you are ultimately responsible for payment in full. We do NOT accept an attorney "letter of protection" for claims being disputed or in litigation but we can bill private insurance, which your attorney can add to your case.
- **NO INSURANCE/CASH RATE:** Compass Physical Therapy LLC offers a cash rate to those who do not have insurance coverage. Payment will be required at the time of your appointment.

UNPAID BALANCES: Account balances over 60 days without a payment will be subject to a 1.5% interest fee. Account balances over 90 days without a prior payment agreement will be subject to assignment to an out of office collection agency. Should this be necessary, a late fee of \$35.00 will be added to your account balance.

CANCELATION POLICY AND FEE: Out of respect for our therapists and other clients, please give 24-hour advance notice if you are unable to keep your scheduled appointment. If less than 24-hour notice is given, you will be charged a \$40 fee. Thank you for your understanding and cooperation.

I have read and agree with the financial policies of Compass Physical Therapy LLC.

Signed: _____
(Patient/Patient Representative)

Date: _____