**ADVANTAGE SPORTS MEDICINE & PHYSICAL THERAPY, INC.**

**245 North Street, Stoneham, MA 02180**

**Ph: 781-438-7221 Fx: 781-438-7208 email:advantagesportsmedicine@comcast.net**

**FINANCIAL POLICIES FOR PATIENTS**

**I)** Thank you for choosing Advantage Sports Medicine and Physical Therapy, Inc. as your physical therapy provider.

Based on information we received from you, we have contacted your insurance carrier to determine your physical therapy health insurance benefit. **We strongly suggest you also contact your insurance carrier to confirm details of your benefit. It is ultimately your responsibility to know your insurance benefits and requirements.**

Based on the information we received, your responsibility is as follows:

**Primary Insurance** **Secondary Insurance**

Co-Pay\_\_\_\_\_\_\_\_\_\_\_\_ / Visit Co-Pay\_\_\_\_\_\_\_\_\_\_\_\_ / Visit

Co-Insurance per visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Visit Co-Insurance per visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Visit

Deductible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Year; Visit Limit \_\_\_\_\_\_ Deductible \_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Year; Visit Limit \_\_\_\_

**II) If your insurance requires a referral** from your Primary Care Physician it is your responsibility to do so BEFORE your scheduled physical therapy visits. If you do not have a referral when required, you will be responsible for payment of services rendered. We will work with you to keep you informed when a referral is needed in order to submit insurance claims and receive payment on your behalf.

**III)** The following are **due at the time of services rendered at Advantage Sports Medicine & Physical Therapy, Inc:**

 Co-Payment

 Self Payment for Physical Therapy Services Provided without Insurance Coverage

 Bridge Program Payments

 Payment for Orthotics

**IV)** Advantage Sports Medicine & Physical Therapy, Inc. **Self Payment** for **Services without insurance coverage** are as follows:

 1st Visit: $125 (Physical Therapy Evaluation and Initial Treatment)

 Physical Therapy Visits after 1st Visit: $75 (for treatment 45 min or longer)

**V)** For our patients whose insurance benefit has a known **Deductible** or **Co-Insurance**; you will be asked for a partial payment at each Physical Therapy visit. Due to there being a difference in rates between different insurance carriers, the following is a reasonable estimate to base your payment on.

 1st Visit: $125 (Physical Therapy Evaluation and Initial Treatment)

 Physical Therapy Visits after 1st Visit: $60

**VI)** We utilize Account Matters Billing services to submit insurance claims and receive payments on your behalf.

All NON covered services, denied bills or slow payments will be billed directly to you.

Once your insurance carrier receives our claim they will send each of us an EOB (Explanation of Benefit). You will be billed any amounts you are responsible for beyond payments we have already received from you and/ or your insurance carrier. If your insurance carrier sends you a payment for our services, we expect you will send us the amount paid to you.

For different insurance plans or unique situations, our office staff will be happy to work with you to determine your benefit or work out a payment plan with you. If any conflicts arise with our billing policies, please ask to speak with Sharon Lamb or Joyce Lockert (Co-Owners of Advantage Sports Medicine and Physical Therapy, Inc.)

I acknowledge that I have read, understand and accept the above policies.

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Patient Signature (Parent / Guardian if under 18 years old) Date