

BILLING AND PAYMENT POLICY

Welcome to MSPT. In order to budget for your physical therapy services, we would like to provide you with a brief explanation of our payment policy.

For the best chance of reimbursement from your insurance carrier:

- *We require that you contact your insurance company prior to your first appointment to determine your physical therapy coverage and providership stipulations.* Coverage depends upon your insurance company and the specific plan you have chosen. We have enclosed a **Billing Information Request Form** to assist you in determining your coverage.
- To assist in demonstrating medical necessity for your plan of care, MSPT policy requires a current doctor's prescription for physical therapy services. In the absence of a current prescription, you will be asked to sign a waiver agreeing to pay any *patient balance* due as a result of denial of payment due to lack of medical necessity. Prescriptions are current for 90 days unless otherwise specified.

To assist you in your budget planning:

- The initial evaluation lasts approximately one hour and includes a written report to your referring provider. We are providers for most major insurance companies. Please refer to your individual insurance company for information regarding your physical therapy benefit coverage. Our Billing Information Request Form can assist you in obtaining the most pertinent information from your insurance company's customer service representative.
- Subsequent visits are based on your specific time needs with the physical therapist and the specific procedures performed. All treatments are one to one with the physical therapist. **Note:** Fees fluctuate depending on the procedure performed. Contact our Billing and Collection Coordinator, at 206-405-1864, ext. 102 or via email at movementssystem@comcast.net for more information.

Payment plans are available upon request. Please contact our Billing and Collection Coordinator for terms of a payment plan. **Co-pays are due at the time of service.**

Note: For patients without insurance coverage, or for those patients that have exceeded insurance benefits, a 20% discount is available for full payment at the time of service.

Interest fees are applied to patient accounts exceeding 30 days past due. A fee of \$25 will be charged for any check returned by the bank for Non Sufficient Funds.

This is an era of reduced insurance benefits, increased premiums, and greater time demands placed on your practitioners to furnish information, reports, letters of medical necessity, etc. Therefore, there may be additional administrative charges if such information is requested.

I understand my financial responsibilities as described above.

Signature _____ Date _____