



FINANCIAL POLICIES

Thank you for choosing Alpine Physical Therapy for your rehabilitation needs. We appreciate that you have entrusted us with your health care and are committed to providing you with the best patient care possible. Please carefully read through the following financial information.

Because healthcare benefits and coverage options have become increasingly complex, we have developed these policies to help you **better understand your responsibilities as a patient and eliminate any unnecessary confusion**. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement. Adhering to these policies will enable us to focus increased attention on providing quality rehabilitative services to our patients and run our clinic more efficiently. **If you have any questions regarding the following information, please do not hesitate to ask any of our staff members.**

UPDATES: It is important that we have your correct information on file. Please advise us anytime there is any change to your address, telephone, or other contact information. If you are issued a new insurance card, please allow us to take a copy of it for your file. If your insurance changes or discontinues mid-treatment, please notify us immediately so there is no delay in billing.

PATIENT PRIVACY: Alpine Physical Therapy is committed to protecting the privacy and security of our patients and all Protected Health Information (PHI). During the course of treatment, it may be required to share information with other medical providers. We follow all Federal and State laws and regulations regarding PHI and information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual as provided by law. If you have any questions, please contact one of our staff members. If requested, we can provide you with a copy of our "Statement of Privacy Notice".

INSURANCE COVERAGE: As a service to our patients, Alpine Physical Therapy is more than happy to directly bill your insurance for services rendered, but it is our policy that **the patient is ultimately responsible for payment of the services received from APT. Furthermore, the patient is responsible for understanding their insurance coverage in relation to covered services and is responsible for providing APT with the most current insurance information.**

Our clinic and therapists participate in the majority of regional health plan networks allowing you the benefit of "in-network. We make every attempt to verify your current insurance coverage. **Verification of benefits is NOT a guarantee of payment.** Information we collect includes effective dates, deductibles, co-payments, and co-insurance amounts. We will try and review this information with you at your next visit. If you are unfamiliar with any of the terms used to explain your insurance benefits, please don't hesitate to ask one of our staff members. Please remember that any changes made to your insurance policy, and the time of year billing is submitted may affect coverage and reimbursement rates. We do not routinely research why an insurance carrier has not paid or why it paid less than anticipated.

Deductible and Co-payments are part of your contractual agreement with your insurance company, and it is our responsibility as participating providers to collect those fees. **Co-payments are due at each visit.** If your insurance company reimburses more than the billed amounts, we will reimburse you immediately upon overpayment.

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MEDICARE: Our therapists are participating providers with Medicare, and we will attempt to bill Medicare as well as any supplemental insurance company provided. Physical therapy is a covered service up to \$2110 per year, and you are financially responsible for any co-insurance or annual deductible as applicable.

WORKER'S COMPENSATION AND MOTOR VEHICLE ACCIDENT: It is your responsibility to provide us with the name and address of the insurance carrier along with your claim number. If we do not have verifiable billing information before your second appointment, your therapy will continue either on a cash basis until we receive the necessary billing information pertaining to your injury, or we obtain private insurance information. If for any reason, your claim is denied, we will attempt to bill your private health care insurance, but please understand that **ultimately you are responsible for full payment**. Any attorney's "letter of protection" for claims being disputed or in litigation will be discussed on a patient-by-patient basis and will not always be an acceptable form of payment guarantee. If that is the case, we will need alternate insurance information or transfer your account to a cash pay basis. If your claim is in a "deferred" status we will need to have private insurance information on file in the event your claim is denied or pending litigation.

_____ Initial: I understand that I am responsible to call my insurance to verify the following before my appointments start:

Coverage Start Date: _____

Co-Pay: \$ _____ Coinsurance: \$ _____

Visits Per Year: _____, Used: _____ Remaining: _____

Deductible: \$ _____, Met DED? Yes / No \$ _____ amount paid

Out of pocket: \$ _____, Met OOP? Yes / No \$ _____ amount paid

Print Name

Signature

Date