



Great Plains Therapy Financial Policy

Thank you for choosing Great Plains Therapy, Inc.!

We are committed to your entire experience here being successful. You have a financial responsibility that obligates you to ensure full payment of your bill. All patients must complete and sign the entire patient registration packet before they see the physical therapist. Great Plains Therapy has designed this financial policy to prevent any surprises at the end of the patient's care. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance

We need complete and accurate information about your policy. We must obtain a copy of your driver's license or valid photo id and current valid insurance to provide proof of insurance. This would include both primary and secondary insurances. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim. Knowing your insurance benefits is your responsibility. As a courtesy, Great Plains Therapy will call the provided insurance company to verify eligibility and benefits. However, this will not be a guarantee of eligibility and benefits. Please contact your insurance company with any questions you may have regarding your coverage.

In-Network

You are responsible for meeting the in-network deductible before your insurance will pay for services rendered. You are responsible for co-payments and/or coinsurance as specified in your "Schedule of Benefits". Great Plains Therapy has agreed with your insurance company to accept the Preferred Provider maximum allowable charge as full payment of the services rendered. You are responsible to pay for any services that are received but not covered under your policy. Co-pays, coinsurance or deductibles are due at the time of service.

Out-of-Network

You are responsible for meeting the out-of-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and/or coinsurance. You are also responsible for the difference between billed charges and your insurance company's maximum allowable charges. Your out-of-network benefits for outpatient physical therapy should be explained in your insurance policy's "Schedule of Benefits". Great Plains Therapy requires a minimum of \$40 per session for patients who have an out-of-network insurance policy.

Uninsured Patients

Fee-for-service is exclusively a non-insurance financial arrangement. The Fee-for-service arrangement is exclusively separate from the In-Network and Out-of-Network scenarios. Fee-for-service receipts cannot be submitted to insurance for reimbursement. Great Plains Therapy will discount our standard fee schedule by 35% for this arrangement. Payment is due in full at the time of each session.

Co-payments, coinsurance and deductibles

All co-payments, co-insurance, and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurance and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment and/or coinsurance at each visit unless a payment plan has been arranged prior to any services.

Non-covered services

Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. Also, most insurance companies do not pay for medical supplies (such as exercise equipment, braces and/or therapeutic supplies). Our therapists are aware of the general payment practices of the major insurance companies we are contracted with. However, as companies are continually refining their payment guidelines, Great Plains Therapy cannot be held responsible for any payment practices your insurance company has set forth. You must pay for these services in full at the time of each visit. Or, inform us that you would not like to participate prior to receiving services.

Personal injury, liability, auto, or involvement of an attorney

You need to complete and sign all of the patient registration forms. You must still provide us a copy of your personal insurance card. We may also need a physician's written referral for these cases. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill. Payment for services must be rendered in a timely manner as well. Great Plains Therapy is not able to carry service balances due to delays in processing claims or litigation. Please be advised that full payment of each service will be due after ninety days of that service.

Minors

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in this financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

Claims submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes

If your insurance changes, please notify us before your next visit so we can make the appropriate

changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Payment period

All accounts must be paid in full within 6 months of your first date of service. Failure to pay within that time period will result in turning your account over to a collection agency regardless of payments.

Nonpayment

If your account is over 60 days past due with nonpayment, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice.

Payment and interest finance charge

On all accounts carrying a balance on the last day of the month, a 1.5% (18% APR) finance charge will be applied.

Payment options

We accept Visa, MasterCard, Care Credit, checks and cash. All returned checks are subject to a \$40.00 service charge.

Missed appointments

Our policy is to charge for missed appointments not canceled within a reasonable amount of time (see Great Plains Therapy Clinic Rules.) These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Refunds

Overpayments are refunded to the appropriate party, normally the insurance company or the guarantor. Patient refunds will not be processed until all active or past due accounts are paid in full.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

Staff signature

Date