

# MOBILE REHAB PHYSICAL THERAPY INC. INSURANCE BILLING POLICY

## MEDICARE INSURANCE

*Mobile Rehab Physical Therapy Inc.* is a Medicare participating provider. All therapy services must be medically necessary. After you pay your yearly deductible for Medicare Part B (Medical Insurance), Medicare pays its share (80%) and you pay your share (20%) of the therapy charges. We will verify your Medicare benefits for our physical therapy services and our billing agent will bill Medicare on your behalf.

- ▶ Medicare limits how much it covers for outpatient physical therapy and speech-language pathology combined. It is very important that you inform us of any prior physical therapy or speech services that you have had this year.
- ▶ Medicare will not pay for outpatient physical therapy at the same time you are having any services from a Home Health Agency – such as nursing or wound care.

## SECONDARY INSURANCE

If you are a Medicare patient, our billing agent will bill your secondary for you. Will your secondary pay the 20% coinsurance? Here is what Medicare has to say: *“It depends on the type of secondary insurance that you have purchased. Some plans may cover the Medicare deductible and coinsurance amount while others may not. You should contact your supplemental insurer to confirm if your plan helps pay for these expenses”*. Source: <https://questions.medicare.gov>

- ▶ It is our policy that unpaid secondary balances will be billed to the patient through the billing agent.

## PRIVATE INSURANCE

Some plans may cover outpatient physical therapy in the home and others may not. You should contact your insurer to confirm if your plan helps pay for your expenses. Please be aware that some insurance plans don't have benefits for outpatient physical therapy in the home. These insurance companies require that treatments be done in a clinic or that the therapy is from a Home Health Agency.

- ▶ It is our policy that patients with private insurance pay *Mobile Rehab Physical Therapy Inc.* directly for billed physical therapy services. Payment is due when services are rendered. If you plan to submit an invoice to your insurance for reimbursement, we provide you with an invoice for our services.

## HEALTH AND WELLNESS PROGRAMS

*Mobile Rehab Physical Therapy Inc.* offers personal fitness training and preventive care programs that are usually not covered by insurance.

- ▶ It is our policy that clients pay *Mobile Rehab Physical Therapy Inc.* directly for Health and Wellness programs. Payment is due when services are rendered.

## ASSIGNMENT OF INSURANCE BENEFITS & ACKNOWLEDGEMENTS

1. The undersigned authorizes treatment by *Mobile Rehab Physical Therapy Inc.* and assigns to *Mobile Rehab Physical Therapy Inc.* any benefits arising out of insurance for the patient's bill. The undersigned agrees to be responsible for fees not reimbursed by insurance or other third parties.
2. The undersigned authorizes *Mobile Rehab Physical Therapy Inc.* to release protected health information to third parties who may be involved in the patient's care and to third parties involved in billing and payment charges on behalf of the undersigned and *Mobile Rehab Physical Therapy Inc.* The undersigned acknowledges receipt of the privacy policy and insurance billing policy for *Mobile Rehab Physical Therapy Inc.*
3. I have been advised that Medicare will not pay for *Mobile Rehab Physical Therapy Inc.* services at the same time I am having any services from a Home Health Agency – such as nursing or wound care.
4. I have read and understand this Insurance Billing Policy.

▶ **Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

▶ **Please Print Name:** \_\_\_\_\_

▶ **I am signing on the patient's behalf:** \_\_\_\_\_

▶ **Please print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_