

## **Insurance FAQs**

The following are a few examples of questions often asked by patients. Please know that this is just a sampling and not all inclusive. Also know that you are ultimately responsible for knowing the details of your plan and coverage.

### ***Does my insurance company cover physical therapy?***

It depends on your policy. Most major insurances do cover physical therapy. Coverage will vary depending on your individual policy terms.

### ***I have a liability claim, what should I do?***

Regardless of any liability action, timely payment of bills remains your responsibility. Medical and financial information will be released upon request after a release-of-information form is signed. We will require a co-payment for each appointment. If medical records are requested there is a \$25.00 fee for administrative costs.

### ***What is Co-pay/Co-Insurance?***

This is the amount your policy requires you pay at each individual treatment. Co-pay and Co-Insurance amounts can vary dramatically depending on your individual policy and are expected to be paid at arrival of each session. Co-pay is a flat amount each visit where co-insurance is a percentage of charges and varies each visit.

### ***What is a deductible?***

A deductible is the amount of annual medical expenses that a health plan member must pay before the plan will begin to cover expenses. For example, if your plan has a \$500 deductible, you will pay the first \$500 of your medical expenses before your health plan begins paying the expenses. Deductibles vary depending on your individual policy. It would be best for you to check with your insurance so that they may advise you on your particular plan coverage. Insurance may only apply a percentage of your payment towards your deductible, not necessarily 100% each time.

***What does 80/20 coverage mean?***

This means your insurance covers 80% of the usual and customary fee and you are responsible for the remaining 20%.

***How can I pay for my Co-pay or deductible?***

We accept Visa/MC and Discover. We prefer to keep your credit card information on file. Personal checks and cash are also accepted. ***PAYMENTS ARE REQUIRED AT TIME OF SERVICE WITH NO EXCEPTIONS.***

***Do I need a referral from my doctor to come to physical therapy?***

Yes. In the state of California a referral is required for 2 reasons: to be treated and to qualify for insurance reimbursement. It is always important to call your insurance company prior to making an appointment to fully understand whether or not you will need a referral or prescription. Your insurance company can also answer any questions about your coverage prior to beginning treatment. Our office staff does their best to assist you in this process. Remember, it is your responsibility to have an understanding of your insurance coverage. We offer assistance as a courtesy.

***Do I have to go to the physical therapy clinic my doctor has referred me to, or do I have a choice?***

Although your doctor will most certainly recommend a particular physical therapy clinic to you for your rehabilitation, you are free to choose any physical therapy practice you like. Simply tell your doctor that you want to do your rehabilitation at Core Conditioning.

***What do I need to bring to my first appointment?***

Please arrive at your initial evaluation 15 minutes early in order to ensure enough time to complete your paperwork and for any questions to be answered. You will need your insurance card, a picture ID, a prescription from your doctor, and completed intake forms if you have chosen to fill them out prior to your appointment. If you were involved in a car accident please have your insurance company's name and contact information, a valid claim number, and your adjuster's name and contact information. Please wear comfortable clothing.

### ***How does the billing process work?***

Billing for physical therapy services is similar to what happens at your doctor's office. When you are seen for treatment the following occurs:

1. The physical therapist bills your insurance company for services rendered, or charges you based on CPT (Common Procedure Terminology) codes. Reimbursement is set by your insurance company.
2. The codes are transferred to a billing form that is electronically communicated to the payer.
3. The payer processes this information and makes payments according to an agreed upon fee schedule.
4. An EOB (Explanation of Benefits) is generated and sent to you (the patient) and the physical therapy clinic with a check for payment and a balance due by the patient. You can find your payment responsibility on each EOB.
5. The patient will receive a statement for the balance. It may take several months for a statement to be generated, depending on how long it takes the insurance company to process the claims.
6. It is the patient's responsibility to make the payment on the balance.

It is important to understand that there are many small steps (beyond the outline provided above) within the process. Exceptions are common to the above example as well. At any time along the way, information may be missing, miscommunicated, or misunderstood. This can delay the payment process. While it is common for the payment process to be completed in 60 days or less, it is not uncommon for the physical therapy clinic to receive payment as long as 6-9 months after the treatment date. You will be financially responsible for any unpaid balance by your insurance.

Lastly, because our staff and therapists are some of the best in the region, often times scheduling can be challenging. Please be patient and know that we are doing our very best to meet your needs.