



## INSURANCE DISCLAIMER

PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY YOUR OUTPATIENT PHYSICAL THERAPY BENEFITS. There is a customer service number located on the back of your insurance card(s). We will also verify these benefits as a courtesy to you. **Information received from your insurance company is a quotation of benefits and is not a guarantee of coverage or payment. It is your responsibility to understand your contract with your insurance company.** We will collect from you based on the information provided to us. If the information you or your insurance carrier provides to us is inaccurate, you exhaust your benefit limit, or your insurance changes during treatment, you are responsible for full payment on any and all services that are denied or not covered by your insurance. Please be advised that your deductible and out of pocket maximums will only reflect claims that have been processed by your insurance company. This may be different than what you feel you have paid as some facilities bill less frequently. We submit claims on a daily basis.

Payment is due at time of service. If you need help paying your medical bills, please contact our billing office at (352) 692-2155 prior to scheduling your next appointment.

If you do not have insurance coverage or if you have exhausted your benefit limit, we are happy to offer a self-pay option. We will not submit any self-pay services to your insurance.

If you are receiving services through another provider (ex: chiropractic/outside massage/acupuncture), it is your responsibility to understand and track any treatment limitations associated with your insurance policy. Most insurance policies will not cover multiple treatments on the same day.

We have included a helpful reference sheet on the back of this page and are happy to answer your questions. We will provide a benefit letter that goes over your quotation of benefits.

**I have read all of the above information and understand that and I am financially responsible for all services rendered by ReQuest Physical Therapy.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Care Coordinator Signature

\_\_\_\_\_  
Date

## REFERENCE SHEET

**Provider Network:** Each insurance company has a network of providers that they contract with. Benefits may vary based on the provider that you choose. You can contact your insurance at any time to determine whether or not a provider is in-or out-of-network for your policy and what your benefits are for that particular provider.

**Deductible:** Your treatment may be subject to your major medical deductible which is determined by your individual contract with your insurance provider. If your benefits are subject to your deductible, you will be responsible for the full allowable cost until the

deductible has been satisfied. Once the deductible is satisfied, you may still be responsible for a co-insurance. The amount you pay may vary at each visit based upon duration and/or type of treatment performed. Please be advised that your deductible will only reflect claims that have been processed by your insurance company.

**Co-insurance:** Your treatment may be subject to a co-insurance which is a percentage that is determined by your individual contract with your insurance provider. The amount you pay may vary at each visit based upon duration and/or type of treatment performed.

**Co-pay:** Your treatment may be subject to a co-pay which is a flat fee that is determined by your individual contract with your insurance provider. The co-pay is a flat fee that is not subject to duration and/or type of treatment performed.

**Out of Pocket Maximum:** Your out of pocket maximum is determined by your individual contract with your insurance provider. It is the maximum amount of money that you will be required to pay out of pocket. Once your out of pocket maximum has been satisfied, services will be covered at 100%.

**Benefit Limitations:** Your treatment will be subject to benefit limitations set by your individual contract with your insurance provider. There may also be limitations based on the professional licensure of our clinicians. This can range from medical necessity to a visit limit or a monetary amount.

**Authorization:** Your treatment may be subject to authorization which is determined by your individual contract with your insurance company or your individual claim with a worker's compensation or automotive insurance company. We will not schedule visits unless we have the authorization needed to properly submit your claims.

**Self-pay:** If you do not have insurance coverage or if you have exhausted your benefit limit, we are happy to offer a self-pay option. We will not submit any self-pay services to your insurance and payment will be due at time of service. Once you elect to be a self-pay patient we cannot bill any of those claims to an insurance provider.

**Referral:** A referral is the initial instructions provided to us by your physician. Your physician determines what body area (diagnosis) is being treated as well as the initial frequency and duration of your treatment. A referral shows proof of medical necessity and may be required by your insurance policy to initiate treatment.

**Plan of Care:** A plan of care will be created by your treating therapist at your initial evaluation. This plan of care will be sent to your referring physician for review and certification. This certification is necessary to continue treatment.

**Direct Access:** Some insurance companies allow direct access to physical/massage therapy services. Under Direct Access laws, we can see you for a 30 consecutive day window without a referral. If your physician signs and returns your plan of care during this 30 days, a referral may not be required.