



Patient Financial Policy

As a patient, it's essential to understand your insurance plan and your responsibilities regarding deductibles, co-insurance, and copays before any medical visit. Regardless of your insurance coverage, you are ultimately responsible for all charges. You must provide all necessary information for timely processing of claims, and if your insurance changes during treatment, you need to inform the provider immediately and supply the required details.

Payment for the Initial Evaluation is expected at the time of the evaluation unless there are prior arrangements. We will bill all primary insurance directly, however, payment for services rendered is always the responsibility of the patient. Each patient not having insurance, or for which the insurance plan will not provide payment in full, is required to pay at the time of service. By insurance regulation, a patient is responsible to pay all the deductible and coinsurance due. Therefore, any deductible that has not been met as well as the coinsurance (normally 20% of billed charge) is due at the time of each visit. Any other amounts not paid by insurers but due us will be collected at the time of service.

As a convenience to you we are more than happy to bill your insurance carrier. However, if payment is not received in a reasonable period of time, it is the responsibility of the patient to follow through with insurance companies regarding delay in payment(s).

We accept referrals from other practitioners besides medical doctors. However, insurance companies have refused to pay claims that have not been referred to by a medical doctor. Therefore you are responsible for services rendered upon receipt of service.

OUT OF NETWORK INSURANCE: If we do not participate with your insurance company, you will be responsible for payment in full at the time of service. We will fill out and mail your claims for you, but we will not follow up on or re-bill unpaid claims.

MEDICARE: Each year, Medicare announces an annual Part B deductible that must be met before Medicare makes any payments. Most secondary, MediGap, insurances do not cover the annual deductible. This does not relinquish the patient's responsibility for payment, at the time of service, for the deductible or any treatments not approved by Medicare. Please make sure to provide your MediGap insurance under secondary carrier on the registration form.

WORKER'S COMPENSATION: It is the patient's responsibility to make sure they provide all the required information for the authorization and claim processing. We require authorization for treatment PRIOR to you starting, if authorization for payment is not received, the patient is responsible for payment at the time of service. Many times Worker's Compensation carriers approve a limited number of visits and without notice will reject further treatment. If this happens the patient is responsible for payment at the time of their next visit.

IF YOUR INSURANCE CHANGES DURING THE COURSE OF TREATMENT: If your insurance changes while treating, you must provide this information prior to being seen at your next appointment. Many insurance companies require authorization that will not be backdated for any reason. If there is a time lapse between the effective date of your new policy and informing the clinic of your new insurance, you will be responsible for any claims that are denied for any reason including lack of referral and /or authorization.

MOTOR VEHICLE ACCIDENT MED-PAY COVERAGE: If you are treating as a result of an accident, we are required by the State of CT to go through any medical coverage you may have on YOUR automobile policy

before we are able to bill your primary health insurance. Please provide all no-fault, liability or other accident information, so we can properly bill your insurance. If no-fault benefits are exhausted and your health insurance carrier will not approve continued treatment, you are responsible for payment at the time of service.

MOTOR VEHICLE ACCIDENT NO MED-PAY COVERAGE: If you are treating as a result of an accident and you do not have medical coverage on your automobile insurance, we will require a letter from your automobile insurance policy stating that you do not have this coverage. This is required so that the primary health insurance will cover the payment of claims.

COLLECTIONS: Should your account default after 90 days, it will be turned over to our collection agency.

NO INSURANCE: If you are not insured, payment will be expected in full at the time of the service. We have a set fee for self pay patients:

Initial Eval: \$150
Follow-Up Visits: \$100

CANCELLATION OF APPOINTMENTS: 24-hour advance notice is required.

There will be a **\$50.00 charge for late cancellations or missed appointments.**

This is not reimbursable by insurance companies and is the responsibility of the patient to pay at the time of his/her next visit.

If you have any questions or concerns regarding our financial policy, please contact our billing manager, Lynette Fenn at lynette@torringtonpt.com

By signing below, I attest that I have read and understand the financial policy and I agree to adhere to its terms. I acknowledge that I will make payment at each visit, if my benefits state I have a financial responsibility (ie , copay, coinsurance and or deductible), as documented in the "Patient Estimated Financial Responsibility" form I will receive at my initial evaluation. I understand that I am responsible for any non-covered charges. Should my insurance change during the course of my treatment, I will provide the office with all necessary information to process my claim. Should I fail to provide this information and claims are denied as a result, I will be responsible for the denied visits. Altering this form in any way will not change the policy as outlined above by Maletta Pfeiffer and Associates, LLC.

(Signature of insured and responsible party) Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, understand the Notice of Privacy Practices from Maletta Pfeiffer & Associates.

Signature: _____ Date: _____

***** THIS FORM MUST BE SCANNED INTO THE PATIENT'S EMR *****

Reviewed by: _____