



Above and Beyond Physical Therapy Inc.

INSURANCE - SELF REIMBURSEMENT

CAN MY INSURANCE BE BILLED FOR CASH-BASED PHYSICAL THERAPY SERVICES?

Most insurance companies, with the exception of Medicare, Medicaid and some HMOs, will provide payment for services received "out of network". Going out of network means that you can choose to see a physical therapist who is not a participating provider with your insurance company. Many patients choose to receive services out of network in order to see the physical therapist of their choice or not having to drive long distances. The end goal of documentation and billing is the same - getting paid - it's just that, in the case of cash-based services, it is the patient who is waiting for reimbursement rather than the provider.

OUT OF NETWORK PROVIDER - WHAT DOES THIS MEAN?

This simply means that the therapist has not entered into a contract with individual insurance companies to receive reimbursement based on their contracted rates. There are MANY insurance companies, each with their own contracted rates and regulations, and Above & Beyond Physical Therapy's energy is best spent working with patients. It is important to note that in-network provider status is not currently based on education, experience, skills, or treatment outcomes, but is often determined by the number of providers in a demographic area.

WILL I END UP PAYING MORE FOR CASH-BASED PHYSICAL THERAPY?

In many cases, the out of pocket expenses for a course of physical therapy will actually be LESS for services provided at Above & Beyond Physical Therapy. In large part, this is due to the ability to charge less per visit, with these charges being well below the national average charge submitted to insurance in

a typical fee for service outpatient practice. Above & Beyond Physical Therapy can charge less because the simplified cash-based fee structure streamlines billing and does not require hiring billing personnel or paying fees to a third party billing service. This allows Above & Beyond Physical Therapy to focus all energy on patient care, and allows patients to make informed decisions regarding the costs of their health care choices.

HOW DO I FIND OUT MY INSURANCE BENEFITS FOR OUTPATIENT PHYSICAL THERAPY?

Complete the **INSURANCE SELF REIMBURSED BENEFITS WORKSHEET**, which will help you determine your physical therapy benefits.

WHAT STEPS ARE INVOLVED IN SUBMITTING A CLAIM TO MY INSURANCE COMPANY?

Above & Beyond Physical Therapy will provide you with an invoice at the time of service, and you may submit that invoice and receipt to your insurance company for reimbursement. The invoice has all of the necessary information (business name and address, tax ID, national provider identification, license numbers, etc.) as well as the patient's ICD-10 (diagnosis) and CPT (billing) codes. You may choose to submit bills following each visit, one time per month, or at any other interval, typically up to one year following your treatment visit.