

MARYSVILLE PHYSICAL THERAPY

211 STOCKSDALE DRIVE

MARYSVILLE, OH 43040

Phone 937-644-3311 Fax 937-644-0373

MARK E RAMSEY, PT, OCS, CHT

AMY MERRY, MHS, PT

ANN-MARIE WALTERS, PT, Cert MDT

ANGELA R. WARNOCK, MPT

GROUP NPI: 1528071274

TAX ID: 31-1356625

SELF-PAY AGREEMENT LETTER

From time to time, we receive inquiries regarding Marysville Physical Therapy's (MPT) billing policies for patients who are a self-pay account, whether due to a lack of insurance benefits, being uninsured or underinsured. This letter is intended to answer any questions you may have in this regard.

Charges for services rendered by MPT are based upon the procedures which the physical therapist, in his or her professional judgment as well as in conjunction with your physician, deem necessary to enable you, the patient, to reach their rehabilitative goals. The patient is ultimately responsible for payment of all fees for physical therapy services provided regardless of any arrangements made with other insurance companies. Payment in full is expected at the time services are rendered under this agreement.

MPT will provide you detailed statements or claim forms, which you may submit to any third-party payers. Most third-party payers prefer to settle the claim after all medical treatment is completed and to deal directly with you, the patient, when your injury is related to an auto accident or personal injury claim. Payment in full is expected at the time services are rendered. This agreement does not include any claims relating to an auto accident or personal injury claim.

I. Fees and Expenses

The charges which make up a patient's bill can generally be grouped into three categories: the initial evaluation, time-related physical therapy services, and modalities. The therapist and the patient will determine the duration and frequency of the patient's treatment.

- A. Initial evaluation – The initial evaluation is performed by a licensed physical therapist and the charge for this service is calculated using an hourly rate multiplied by the length of the evaluation. The initial evaluation is billed one time during your treatment. Codes for this group are 97161, 97162, 97163, and 97164. You will be charged for only one (1) code. The gross charge for this group of codes is \$140.00. **(Your first visit will include the evaluation and treatment at the cost of \$150.00 total.)**
- B. Time related physical therapy services – These include such services as therapeutic exercises, manual traction, home instructions, and kinetic/functional activities. In each instance, the physical therapist is spending actual one on one time treating you, the patient. Charges for these services are billed in 15-minute increments. Codes for this group include 97110, 97112, 97140, and 97116. The

MARYSVILLE PHYSICAL THERAPY

211 STOCKSDALE DRIVE

MARYSVILLE, OH 43040

Phone 937-644-3311 Fax 937-644-0373

MARK E RAMSEY, PT, OCS, CHT

AMY MERRY, MHS, PT

ANN-MARIE WALTERS, PT, Cert MDT

ANGELA R. WARNOCK, MPT

GROUP NPI: 1528071274

TAX ID: 31-1356625

gross charge for each 15-minute increment is \$80.00. **(Regardless of the codes or time billed subsequent visits will be \$80 per visit.)**

- C. Modalities – A third group of services includes such procedures as massage, ultrasound, electrical stimulation, and iontophoresis. These services are rendered by the physical therapist, and/or physical therapist assistant. These types of services are not time-based and will be billed one time per visit. The codes for this group are 97012, 97014, 97018, 97032, and 97033.
(Regardless of the codes or time billed subsequent visits will be \$80 per visit.)
- D. Supplies – Medical supplies provided with treatment are not billable to you; however medical supplies or equipment provided for your home treatment are billable and payable by the patient. You will be required to inform us of your decision regarding the billing of these items. This group may include orthotics, TheraBand loops/flats, shoulder pulleys, lumbar rolls, etc. We have a list of such items posted in our office.

In addition to the above charges, the patient will be charged a nominal fee when third parties, such as attorneys, request information about the patient. The patient can arrange payment for the records at the time they are requested. An authorization letter is needed with your signature for us to release any information to a third party.

All MPT's charges are revised periodically by management. Any increase in charges is due to the ever-increasing costs which MPT must pay to maintain its business, and MPT reserves the right to adjust its charges should it deem that an adjustment is necessary. MPT's charges are competitive with those of other comparable outpatient private physical therapy practices.

II. Invoices (Patient Statements)

Timely invoices allow the patient to be aware of the progress on their treatment and the charges being incurred. Our policy is to send regular invoices which indicate the charges for physical therapy services provided. The invoices summarize the charges incurred, any payments made by the patient, any payments received from third party payers if applicable, and any outstanding balance due. An invoice will be provided any time during treatment at your request. For our self-pay, uninsured, and/or underinsured patients a fee of \$150.00 will be required for the evaluation and first (1st) treatment. All other treatments will have a fee of \$80.00 regardless of the treatment time. The difference between our gross charges and the self-pay fee will be adjusted by the Office Manager.

III. Timely Payment

As indicated above, full payment is expected at the time the services are rendered. MPT does employ a collection agency for collection of unpaid accounts. If an invoice

MARYSVILLE PHYSICAL THERAPY
211 STOCKSDALE DRIVE
MARYSVILLE, OH 43040

Phone 937-644-3311 Fax 937-644-0373

MARK E RAMSEY, PT, OCS, CHT
ANN-MARIE WALTERS, PT, Cert MDT
GROUP NPI: 1528071274

AMY MERRY, MHS, PT
ANGELA R. WARNOCK, MPT
TAX ID: 31-1356625

is unpaid for more than three months, the patient must obtain approval of the management of MPT before additional therapy services may be performed. MPT does offer payment options for self pay accounts however not for personal injury claims. Please speak to the Office Manager for details.

IV. Exceptions

There may be some diagnosis and/or services that may require separate scheduling for evaluation or treatment. This may include items and/or services that are not included in this good faith estimate.

V. The information provided in this agreement/estimate is only an estimate regarding items or services reasonably expected to be provided to you.

VI. Dispute Resolution/Process

You (the patient) have the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially more than the expected charges included in this good faith estimate. You may contact the Office Manager, Sherry Wood verbally or in writing to start this process and to discuss why you feel that the billed charges are substantially more than you were notified. As we are a small practice, we do not feel that a more stringent process is necessary for a resolution to be made.

VII. This good faith estimate is not a contract regarding services or supplies and does not require you (the patient) to obtain the services/supplies from Marysville Physical Therapy or any of our third-party suppliers. You (the patient) will be notified of the supply cost prior to the removal of the item from our office.

VIII. Conclusion

If you would like a copy of this agreement for your records, please notify our office and we will provide you with one. You will be asked to sign a document to show your agreement with this policy. It will be kept in your medical records.

We look forward to a long and mutually beneficial relationship. A physical therapist-patient relationship is based upon trust, and we feel that a mutual understanding on our charges and billing practices at the outset helps establish that trust.

Marysville Physical Therapy

I hereby agree to the terms of this good faith estimate.

Sherry L. Wood
Business Office Manager

Patient Signature/Date

Printed Name: _____

DOB: _____

MARYSVILLE PHYSICAL THERAPY
211 STOCKSDALE DRIVE
MARYSVILLE, OH 43040

Phone 937-644-3311 Fax 937-644-0373

MARK E RAMSEY, PT, OCS, CHT

AMY MERRY, MHS, PT

ANN-MARIE WALTERS, PT, Cert MDT

ANGELA R. WARNOCK, MPT

GROUP NPI: 1528071274

TAX ID: 31-1356625

CASH BUSINESS
UNINSURED/UNDERINSURED/SELF PAY

Marysville Physical Therapy (MPT) will offer a flat fee per visit to patients who have self pay accounts as well as Medicare, Commercial, and other types of patients who have exceeded their benefit limitations and do not qualify for insurance billing. This also includes out of network insurances. We will not be billing your insurance company if you qualify for this policy.

Personal Injury Claims do not qualify for a flat fee per visit.

The flat fee per visit will be reviewed annually and adjusted accordingly as determined by MPT.

The flat fee per visit will be: **\$150.00** for the evaluation and first (1st) treatment.
Subsequent visits will be **\$80.00** for treatments regardless of how long you are being treated.

The fee will be collected at each visit with Marysville Physical Therapy and can be paid by cash, personal checks, and credit or debit cards. The patient will be rescheduled if payment is not received.

The patient will be required to sign and date at the bottom of this page stating that they agree to the terms outlined. The patient also agrees to the terms outlined in the Self-Pay Agreement Letter. This agreement can be found on our website at www.marysvillept.com.

MPT will provide the patient a copy of this letter and agreement upon request by the patient. Otherwise, a copy will be kept in the patient's medical records. The patient may request a copy of their invoice or this agreement at any time during their episode of care.

All other policies and procedures will be followed without discrimination to all account types.

Marysville Physical Therapy
Sherry L Wood
Business Office Manager

I hereby agree to the terms of this agreement as outlined above and in the Self-Pay Agreement Letter located on www.marysvillept.com website. I understand that payment is expected at the time of service and that my appointment will be rescheduled if I am unable to pay. I am also aware that I may request a copy of this agreement, and invoice at any time during my episode of care.

Patient Signature

Date

Printed Name

Date of birth