

Marysville Physical Therapy
211 Stocksdale Drive
Marysville, OH 43040
www.marysvillept.com
Phone (937) 644-3311 Fax (937) 644-0373

NEW PATIENT INFORMATION

SCHEDULING:

We understand that your time is valuable and will do our best to schedule your appointments at your convenience. When a schedule has been set, we expect a phone call to cancel prior to your appointment time. It is important to your treatment and outcome that you attend and/or reschedule canceled visits. If you cannot reach us before the end of the same day, we will consider this a no-show. If you are a no-show, you will be removed from future appointments until we hear from you. If you no-show two (2) times, you will be discharged and your physician notified. Patients **who no-show an evaluation appointment** and do not contact us within 24 hours will be unable to receive services from us in the future.

PRIVATE INSURANCE:

We bill your insurance for you, given that we have ALL of the necessary information to do so. If the information provided is not complete and/or accurate, you will be responsible for the services. Please confirm your benefits with the front desk so that you are aware of copays, deductibles, and co-insurances. **Your insurance never guarantees the benefits quoted.** Payment will be determined as each claim is processed. Physical Therapy is considered a specialty and may be subject to special limitations and/or restrictions. We recommend that you contact your insurance company regarding physical therapy benefits so you are aware of any limitations on your policy. **All co-payments are due at the beginning of each visit or weekly**, whichever is the most convenient. The contract with the insurance company requires that we collect your portion of the benefits. Upon discharge, please check with the front office about the balance. **It is your responsibility to know your benefits and to pay for provided services.** We accept personal checks, cash, Visa and MasterCard.

MEDICARE:

We accept assignment for Medicare patients; however, you are responsible for your Medicare deductible and/or co-insurance. If you have a secondary insurance we will bill them for you. We will send you a statement for the remaining balance. **As of 1/1/19 Medicare has implemented a \$3000 threshold on your outpatient physical and speech therapy services. The threshold is based upon Medicare's allowed amount not our billable charges.** The amount increases each year. We are not a durable medical equipment provider for Medicare. Should you have any questions please contact your Medicare representative and/or Medicare supplemental insurance representative. You may contact Medicare at **1-800-633-4227** for inquiries regarding your benefits or **1-800-447-8477** to report suspected cases of fraud or abuse.

MEDICAID:

We accept assignment for Medicaid patients. However, as per state law, you are responsible for procedures and/or items not covered by Medicaid. We are not a provider for **Disability Medicaid** or durable medical equipment. It is your responsibility to notify us of any changes to your plan including Managed Care Organization information as well as verifying that we are a provider for them prior to treatment.

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WORKERS COMPENSATION:

We bill Workers Compensation (BWC) or your Managed Care Organization (MCO) for you. All information must be as complete and accurate as possible. Your therapy services must be pre-approved through the BWC or your MCO. We will be communicating with your case manager as needed to facilitate your care at our facility. **BWC does not guarantee payment for services. You are responsible for all services not covered by BWC.**

PERSONAL INJURY CLAIMS:

We do not bill third party payers (liability insurances) or your private insurance on a personal injury claim. This type of account may be handled as a self-pay account. We will provide you with a detailed statement to turn into your auto or liability insurance and/or attorney. You will be required to sign an agreement with MPT. **You are responsible for payment of services at each visit.**

SELF-PAY:

You are required to sign a self-pay agreement letter. **You are responsible for payment of services at each visit.** We accept personal checks, cash, Visa and MasterCard. Please speak with the office manager for available payment options.

DIRECT ACCESS:

Senate Bill 35 allows you to seek physical therapy services without a physician's referral/prescription (Direct Access). It is your responsibility to verify that your insurance pays for direct access (payment without an order from your physician). We will bill the insurance company if benefits are available. **You will be responsible for payment until Direct Access services are processed by your insurance company.** (See the Self-Pay section of this notice). You must give us permission to release your evaluation to your physician otherwise they will not be notified.

NOTIFICATION OF PATIENT RIGHTS, RESPONSIBILITIES & PRIVACY:

Our privacy notice, patient rights and responsibilities are posted in our waiting area for your accessibility. We promise to do our best to protect your privacy and confidentiality while under our care. Please review this notice before signing the Authorization for Use and Disclosure of Private Healthcare Information. A copy of the notice will be provided to you upon request.

There will be a \$40 charge for checks that are returned to us for insufficient funds. This will be added to your account when the check is returned to us.

Questions can arise at any point during and/or after your treatment regarding the billing and collection processes. Feel free to contact our office with any questions you may have. We ask that you respond quickly to notices from your insurance company and/or from us. Your response determines how quickly and efficiently we are able to manage your account.

Thank you for your continued confidence in us.
Sherry Wood, Office Manager
Marysville Physical Therapy