

Buffalo Rehab Group

Physical Therapy, P.C.

Billing Policy

ABOUT OUR FEES:

We participate with many insurance carriers and accept assignment from many others, but please remember...it is **your** insurance coverage, **not ours**, and you are responsible for the payment of our services. The patient must provide sufficient billing information, and in addition, determine whether our services are covered under your plan. The patient is always primarily liable for our charges.

If we participate with your insurer and a referral is necessary, it is the patient's responsibility to insure that a valid referral is in effect at the time of treatment. If not, the patient is financially responsible for the services rendered.

We will bill your insurance carrier, on your behalf, and wait sixty days for payment. We will continue to work with you to help you obtain reimbursement from your carrier after this time period if required. However, any charges that have not been paid by your insurance company are ultimately the patient's responsibility. The patient is **ALWAYS** responsible for applicable co-payments, deductible, etc. as determined by THEIR insurance company.

Co-payments are ALWAYS expected at the time of service unless prior arrangements have been made with our billing department. Patients who have been delinquent in co-payments will be sent one notice following their discharge and then will automatically be sent to our collection agency should payment continue to be outstanding.

If Worker's Compensation is your primary insurance company, you are responsible for providing us with accurate information regarding the date of injury, WCB, and Carrier case numbers as well as your employer's insurance company's name and address. **NO FAULT** patients are required to supply us with the date of their accident, policy holder, as well as insurance company name and address.

Worker's Compensation Patients: Should your claim be denied, we will pursue it with you through the arbitration system. However, **YOU** (and your attorney) are responsible for setting up regular hearing dates to have your case settled as expediently as possible. If your claim is subsequently denied, we will bill your personal insurance carrier provided you have given us this information and have obtained the necessary referrals. In this case, you will be responsible for all co-payments, etc. per your insurance company guidelines.

No Fault Patients: We will perform all billing for you provided we have the information from you to do so. We will wait 120 days for payment from your No Fault insurance carrier. If you are denied during this time, we will bill your secondary carrier if you have provided us with that information. You will be responsible for obtaining all necessary referrals and payments of co-payments according to their guidelines. If your No Fault case eventually gets decided in your favor, we will reimburse both you and your secondary insurance carrier. Past due amounts exceeding 120 days are the patients responsibility. We are under no legal obligation to wait for trial results if you pursue litigation.

IHA Patients: You are responsible for letting our office know if you have received physical therapy at any time in the current calendar year (even if for a different part or at another clinic). We must attempt to get preauthorization if this is the case at the time of you initial visit. Failure to do so will result in you being made responsible for your entire bill.

I have read the above policy and agree to abide by the terms established in this form.

Patient's Signature: _____ Date: ____/____/____

2100 Union Rd
West Seneca, NY 14224
Phone: 716 656-8600
Fax: 716 656-1560

8750 Transit Rd
Amherst, NY 14051
Phone: 716 568-1251
Fax: 716 568-1253

4780 S. Park Ave
Hamburg NY, 14075
Phone: 716 646-9100
Fax: 716 646-9744

350 Greenhaven Terrace
Tonawanda NY, 14150
Phone: 716 213-0772
Fax: 716 213-0773

4855 Camp Road
Hamburg NY, 14075
Phone: 716 646-1100
Fax: 716 646-1106