



## FINANCIAL POLICY FOR BUFFALO REHAB GROUP PHYSICAL THERAPY, PC

The information below explains the financial policies of Buffalo Rehab Group Physical Therapy, PC.

- As a service courtesy for you, we check your insurance coverage and benefits for each episode of care. The payers do not guarantee coverage to us when we check benefits and authorize therapy visits so please self-verify your individual coverage and understand your insurance policy.
- Therapy services are billed on per diem or time-based procedure codes. Your therapist will provide care specific to your needs and will choose the appropriate procedure codes based on the procedures performed. Your therapist will be happy to explain the procedure codes if you have any questions.
- At the time of your first visit, we will provide you with an **ESTIMATE** of the amount of money that you will need to pay per visit based on the information we have received from your insurance. This estimate **does not** guarantee payment by your insurance.
- The amount not covered by insurance will be **ESTIMATED** and explained to you on your first visit. This amount is payable on the date that services are rendered when you check in.
- When you have not met your deductible, we will request an **ESTIMATED PAYMENT** from you that is applied towards your deductible. **You will receive a bill** for the remainder of the insurance allowable once the claim has been filed.
- Insurance companies have their own schedule of what they consider to be “usual and customary.” These fees often vary between plans. Our charges are based on the time and the type of procedures used by your therapist for each session. If we are in network with your insurance, you will be responsible for the amount “allowed” by your insurance for each procedure based on your insurance contract. It is impossible for us to know the details of each individual policy.
- Your insurance is an agreement between you, your employer, and the insurance carrier. **We encourage you to contact your insurance company to better understand your benefit for therapy services.**
- If you have had recent treatments and/or procedures that should apply to your deductible, it may not have been billed by the hospital or physician’s office yet and therefore may not be listed when we checked your benefits. **Please contact your insurance if you feel that your deductible information is incorrect.**
- If you have a co-insurance percentage that you are expected to pay, we will collect an **estimated** amount on that co-insurance and **you will receive a bill** for the difference between what you paid and what the insurance company allows after we file your claim. Co-payments (flat amounts per visit) will be collected at each date of service.