

### ***Financial and Office Policy***

Thank you for choosing Cayuga Orthopaedic and Sports Physical Therapy, P.C. for your rehabilitation. We are committed to your experience here being a successful one, and we want you to completely understand our financial and office policies.

**REVIEWING YOUR INSURANCE COVERAGE OF OUT-PATIENT PHYSICAL THERAPY:** It is your responsibility to contact your insurance company and obtain your coverage information for outpatient physical therapy. You need to accurately verify and understand your policy's deductible, co-payment, coinsurance, visit limitations, effective annual calendar renewal date, and any preauthorization requirements. As a courtesy, we will also verify your coverage, but we will not guarantee the accuracy of the information we receive. Your insurance policy is a contract between you and your insurance company. You are responsible to know your level of coverage, and you are ultimately responsible for the full payment of your bill.

**INSURANCE INFORMATION:** Upon your first appointment, you must present your current insurance cards to our front office staff. We will submit claims to your health insurance company for you. You are responsible for payment of any deductible, co-pay, and coinsurance, as determined by your contract with your insurance company. If your insurance company requires you to have a referral from your primary care physician, you will need to have that faxed to our office or brought with you to your appointment. As a courtesy, we will contact your primary care physician for the referral, but it is ultimately your responsibility to make sure the referral is issued. You are responsible for any amount or any services not covered by your insurer.

**CHANGES IN COVERAGE:** It is your responsibility to inform our office of any and all changes of insurance coverage during the course of your treatment. Failure to do so may result in denial of coverage by your insurance company. If your insurance changes, we will bill your new insurance company when we receive your current information, but there is no guarantee they will cover all services. You are responsible for any amount or any services not covered by your insurer.

**IN NETWORK:** You are responsible for any deductibles, co-payments and/or coinsurance as specified in your insurance policy. Cayuga Orthopaedic and Sports Physical Therapy has agreed with your insurance company to accept the preferred provider maximum allowable charge as full payment for the services rendered. You are responsible to pay for any services that are received but not covered under your policy. Co-pays or deductibles are due at the time of service. If you have a deductible that has not been met, we will collect a portion of your office visit towards this at the time of service. Physical therapy deductibles should be paid in the amount of \$50 for each visit, until the deductible has been met. This payment will be applied towards your balance and will be reviewed after the claim is adjusted by the insurance company.

**OUT OF NETWORK:** You are responsible for meeting the out of network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for any co-payments and/or coinsurances. As a courtesy, we will submit claims for payment to your insurance company. Your out-of-network benefits for outpatient physical therapy will be clearly explained in your insurance policies' schedule of benefits. It is your responsibility to obtain that information.

**WORKER'S COMPENSATION and NO FAULT CLAIMS:** If you are claiming Worker's Compensation or No Fault, you must provide us with a copy of your personal insurance card. We will confirm your authorization with your case adjuster or case manager. In the event payment for your claim is denied by your workers compensation carrier, we will file the claims with your personal insurance policy. If your claim is denied by your personal insurance, you are responsible for the full payment of your bill from the first date of service with our company.

**MEDICARE:** Cayuga Orthopaedic and Sports Physical Therapy is a Medicare approved provider for outpatient physical therapy. All Medicare policyholders have a maximum benefit for outpatient physical therapy services. We will monitor your visits and make you aware as you near the maximum allowed by Medicare. You are responsible to make us aware of any previous treatment you may have had at another facility in the past 12 months. Medicare will not pay for outpatient physical therapy services while you are receiving home services, including nursing services. It is your responsibility to make sure your home health agency has discharged you from their care.

**SECONDARY INSURANCE:** If you have a secondary insurance, you must present that insurance card at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

**MINORS:** A parent or legal guardian must accompany a minor patient at the time of the initial visit and all future visits in our office. The parent or legal guardian accompanying the minor is responsible for any copays or any other funds that are to be collected at time of service. This party is also responsible for full payment, as outlined in the above stated policy.

**YOUR STATEMENT:** Patient statements will be mailed out monthly. Cayuga Orthopaedic and Sports Physical Therapy will submit claims to your health insurance company after each visit, and we will apply payments received to your account. If needed, we will resubmit these claims to ensure payment of your benefits for covered services. In the event that repeated submission of claims does not satisfy your bill for the services rendered, you will be responsible for the full payment of your bill. In addition, any remaining balance after your health insurance has paid, is your responsibility.

**DISPUTES:** Our financial policy is designed to promote due diligence and a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors, miscommunication, and bad information with regard to your insurance or other financial arrangement for payments. We will not become involved in disputes between you and your insurance company regarding, but not limited to, deductibles, coinsurance, co-payments, covered services, preauthorization, and usual and customary charges.

**COLLECTIONS:** We will work with you to avoid sending your account to collections. However, in the event of default on your account, your account will be turned over to our collection agency and reported to the credit bureau. If payment arrangements are not kept up on a timely basis and your balance, no matter how small the amount, becomes more than 120 days old, we will proceed to send your balance to our collection agency. In the event I default of payment of any bill or portion of any bill issued on behalf of **Cayuga Orthopaedic and Sports Physical Therapy, P.C.**, I agree to pay all collection costs associated with collecting said debt, including, but not limited to attorneys fees of 25% (twenty-five percent), together with costs and disbursements.

**CANCELLATION POLICY:** When canceling your appointment, you must call at least 24 hours in advance of your scheduled appointment. We reserve 30–60 minutes of our schedule for your appointment, and we would appreciate an advanced notice so that another patient can schedule during that viable time. If you fail to call 24 hours in advance or **NO SHOW** for an appointment, we will assess a \$50 cancellation/no show fee that is not billable to your insurance. We understand that there are special and unforeseen situations, and these will be assessed on a case by case basis.

**UNCOVERED SERVICES:** Throughout the course of your treatment, you may need a brace, orthotic, or other therapeutic supplies recommended by your physician or physical therapist, that may not be covered by your insurance carrier. Cayuga Orthopaedic and Sports Physical Therapy will not submit claims for braces or other therapeutic supplies to your insurance company. Therefore, full payment for the supplies is due at the time of service or purchase. You may submit the receipt for these purchases, on your own, to your health insurance company.

**CONSENT FOR CARE AND TREATMENT:** I authorize Cayuga Orthopaedic and Sports Physical Therapy personnel to administer care and treatment to me, in accordance with my physician's prescription/referral and plan of care, or other treatment considered necessary and advisable by the provider who attends my case.

**RELEASE OF INFORMATION:** I give my permission to release medical information to my third-party provider, my prospective or current employer, my insurance carrier, my employer's medical department, medical consultants, or my private physician. I authorize Cayuga Orthopaedic and Sports Physical Therapy to obtain any diagnostic test results, including but not limited to, x-ray/imaging reports and post-surgical reports, that pertain to my current medical condition.

**PAYMENTS DUE AT THE TIME OF SERVICE:** Co-pays that are required by your insurance policy are due at time of service. If your deductible has not been met, Cayuga Orthopaedic and Sports Physical Therapy requires a minimum payment of \$50 toward your deductible. Cayuga Orthopaedic and Sports Physical Therapy requires a minimum payment of \$50 per session for patients who have an in-network or out-of-network insurance policy and have not met the deductible. If you are a non-insurance fee-for-service patient, full payment must be paid at the time of service. Cancellation and no-show fee of \$50 is due at the time of your next session. We accept cash, check, Visa, and MasterCard. There will be a \$50.00 service charge for all returned checks. If other arrangements are necessary, our patient care representative will coordinate these with you.

I have read and understand the above financial policy and agree to the conditions listed.

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Patient's Name (Printed)

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Parent/Legal Guardian's Name (Printed) if patient is a minor

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Signature of patient or person authorized to consent

Date

Financial policy