



6801 Indiana Ave Lubbock, TX 79413 806.785.7900

Southwest Clinic 5244 114th St. Lubbock, TX 79424 806.705.8819

Subject: Insurance Benefits

Dear Fyzical Therapy & Balance Centers patient:

As a courtesy to you -- our patient -- we will contact your insurance carrier prior to or during your first clinical session. The information your provider gives us is not considered a guarantee of payment, but a quotation of benefits. We encourage you to confirm this quote with your insurance carrier.

If Fyzical Therapy & Balance Centers is an in-network physical therapy provider for your plan, this means that once your deductible is met, we accept your insurance's allowable amounts per procedure code as payment – a discounted rate for physical therapy services in the network. Any un-met portion of your deductible or any applicable coinsurance will be due at the time of service based upon these allowable amounts.

If you are a Medicare insured patient without a supplemental insurance, you will be responsible for 20% of the Medicare allowable per procedure code not covered by Medicare, at the time you receive your PT treatment. If you are insured with supplemental insurance you will be responsible for any applicable deductible or coinsurance your policy may have. This amount will be due at the time services are rendered.

If we are considered an out-of-network provider for your insurance plan, this means your insurance plan covers a certain percentage of billed charges per procedure code. For any un-met portion of your deductible you will be responsible for 100% of the *full billed charges* which will be due at the time of service. Once your deductible is met, you will then be responsible for the applicable coinsurance amount based on the quote of benefits provided. You can elect the self-pay option mentioned below and not have your insurance filed for services rendered if you prefer.

In a self-pay situation, Fyzical Therapy & Balance Centers offers a rate of \$125 for the physical therapy evaluation visit and \$100 for each physical therapy treatment visit thereafter. This amount is due at the time services are rendered.

If your insurance plan contains a visit or dollar amount limit and *you require services beyond these limitations*, you will then be considered a self-pay patient at the rate of \$125 for the physical therapy evaluation visit and \$100 for each physical therapy treatment visit thereafter. This amount is due at the time services are rendered.

All unpaid balances left unattended for greater than 90 days will be forwarded to a collection agency. Any collection fees and / or taxes incurred will be added to this forwarded balance. *We will make every effort to avoid this course of action.* Your signature below indicates that you understand this information.

It is our desire to provide you with equitable, efficient and compassionate care. If you have any further questions regarding your benefits or responsibilities, please do not hesitate to ask!

Sincerely,
Robert Roten, PT, COMT

Leslie D. Glenn, PT, COMT

Patient/Responsible Party: _____ Date: _____