

THErapy SERVICES, LLC  
Patient Intake Packet

INSURANCE AND PAYMENT POLICY

Thank you for choosing us as your outpatient health care provider. We are committed to providing you with quality and affordable health care. We offer, as a service to you, the option of billing your insurance. We will contact your insurance company on or near the initial date of service to verify coverage. However, we encourage you to verify your insurance coverage prior to arrival. *Benefit verification is not a guarantee of payment.* Additionally, if you have received massage, physical, occupational, and/or speech therapy at another facility, then it is your responsibility to inform us.

INSURANCE

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

CLAIMS SUBMISSION

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

COVERAGE CHANGES

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

CO-PAYMENTS, CO-INSURANCES, AND DEDUCTIBLES

All co-payments, co-insurances, and deductibles due are determined by your insurance according to your contract with them. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please contact your insurance provider if you wish to dispute any charges they have applied to you.

NON-COVERED SERVICES

Please be aware that some – and perhaps all – of the services you receive may be determined by Medicare or your insurance provider to be non-covered or not considered medically necessary. If this is the case, then you become responsible for the full cost of services provided.

PROOF OF INSURANCE

All patients must complete our patient information packet before receiving treatment from our therapists. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the cost of services provided.

MEDICARE PATIENTS

Please check your Medicare handbook for details. You will be responsible for any deductible and/or co-insurance charges Medicare designates.

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INSURANCE AND PAYMENT POLICY (cont.)

WV MEDICAID PATIENTS

A copy of your medical card is required (by Medicaid) to be given to Therapy Services at the beginning of each month. Please provide this copy at your first visit of each month. If you change insurance plans and do not inform Therapy Services, you will be held responsible for the charges incurred.

RETURN CHECK FEE

In the unfortunate event that you have check returned to our facility for insufficient funds, you will be subject to the non-sufficient fund fee charged by the bank.

NONPAYMENT

If your account is over 60 days past due, you will receive a past due statement. If payment is not received within 30 days of this past due statement, you will receive a final notice. Please be aware that if a balance remains unpaid after that final notice period, we may turn over your account to a collection agency to collect payment. Accounts which repeatedly go overdue will be subject to less leniency before being referred to a collection agency.

We accept payment via cash, check, money order, Visa, Master Card, American Express, Discover, and Apple or Google Pay if provided online. Payment may be received over the phone, in-office, or online from our website. Additionally, patients paying their full balance may request a 20% discount taken off at the time of payment.

Our practice is committed to providing the best treatment to our patients. Our fees are representative of the usual and customary charges for our area. However, patients in financial need are more than welcome to inquire about potential payment options we may be willing to offer. We take into consideration a patient's ability to pay, the frequency of therapy they require, the longevity of treatment, and other factors in determining potential payment options.

Therapy Services LLC offers to contact most insurance companies in an effort to obtain benefit information prior to initiating therapy. Unfortunately, this does not guarantee coverage for any services rendered. All patients need to check their own benefits with their insurance provider in order to eliminate any concerns. If you have any questions about billed statements received from us, the amount you owe, or wish to make a payment, then you may call our accounting department at (304) 599-1500, weekdays from 8:00am-5:00pm.

Sincerely,  
Management