

# Patient Info

## Rates and Insurance

All treatment sessions are one-on-one with a Physical Therapist, and can be scheduled for either 60 minutes up to 2-hour sessions. The rate for treatment sessions and other services vary, so please call us at (513) 549-6693 to enquire about pricing.

We are a fee-for-service clinic that is not in-network with any insurances. Upon request, receipts can be provided that include the necessary codes to send self-claims to your insurance company.

**\*\*\* Please read below on how the changes in many health insurance plans and deductibles have made it Cheaper to Not use your insurance for some services (like PT) if you have high PT copays or a high deductible.**

### **Can I bill my insurance for reimbursement of my out-of-pocket expenses?**

This depends on the insurance you have, but YES, most **NON-Medicare** patients can send “self-claims” to their insurance company for their treatments at our clinic. You should be able to print claim forms off your insurance company’s website, and send it in with the needed receipts and treatment codes that will be provided upon request at our clinic.

The amount of reimbursement or application towards your deductible is completely dependent on your insurance plan. If you call your insurance company to inquire about what you can expect to receive, you should ask about reimbursement for “out-of-network Physical Therapy” expenses sent in via self-claims.

**\*\*\*Medicare Beneficiaries:** The US government has some interesting laws that control where Medicare beneficiaries can spend their healthcare dollar and persuade healthcare providers to enroll in their system. Because we are not Participating Medicare Providers, we can only accept Medicare beneficiaries as patients when the patient does not want Medicare billed for any PT services. This request to not involve Medicare in payment must be made up front by the patient and be made of the patient’s own free will.

In other words, if you’re a Medicare beneficiary and are adamant about seeing us for your care even though we are “non-enrolled” Medicare providers, we can help. However, the only way we can provide you with PT services is when you truly don’t want Medicare involved and you ask up front that Medicare not be billed or involved in your physical therapy care.

If you do want to use your Medicare benefits for physical therapy, we cannot provide you with treatment at our clinic, but we can help you find a good Medicare provider in your area.

### **\*\*\*Good Faith Estimate\*\*\***

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call our office 513-549-6693.