

FINANCIAL POLICY



Thank you for choosing Private Therapy Services for your physical therapy needs. Our primary concern is restoring your health by providing the best in physical therapy care. The financial side is important because this is how we stay open. The following contract is a standard financial agreement that defines the value of each scheduled appointment, not only when you are treated, but in the event of cancellation, no show or late arrivals. The average appointment bill is \$140, but insurance plans will typically give a discounted rate. **Private pay is discounted to \$90/visit, or Prepay 3 visits @ \$240, No facility fee! (if you have a high deductible, this may be a better option)** PTS participates with most insurance plans. If you choose to file insurance, then we will contact your insurance company and inform you of your financial obligations as provided to us. However, **you** are responsible for understanding your coverage and confirming this information. You are responsible for all payments, deductibles, co-insurance, and/or co-payments based on how your insurance processes the claim. Insurance companies do not “guarantee” payment even if you have coverage. If for some reason they do not pay, then you are responsible. South Carolina is a direct access state, but some plans may require a physician referral and it is your responsibility to check on this.

Please ensure that we have a copy of your most current insurance card on file and notify us of any changes in any personal information or insurance coverage immediately. Your insurance is expected to pay the claim within 60 days. You should receive or have access to an Explanation of Benefits (EOB) from your insurance company, stating how much the insurance company discounted, paid and how much you owe. Check these to make sure your coverage is what you thought in the beginning. This will avoid any unexpected medical bills. If PTS is “out-of-network”, you may have a higher out of pocket responsibility than if you had chosen an in-network facility.

Insurance clients agree to a one-time annual **facility fee of \$35.00** which partially pays for: non-insurance covered treatments, supplies and services. To ensure that you get our full attention, we **do not** double book your visits. This means *we block out time specifically for you*. Your time is valuable, and we respect that. If you choose to use your insurance, it will only pay for the billed treatment time. **Therefore, if you are late or miss an appointment, you are responsible for payment of that missed time. (Just like a hair appointment, massage visit, personal trainer session or a doctor visit). The missed time is not covered by or billed to insurance (>10 minutes late= \$20). Your Credit Card on file will be charged** for each visit, \$70.00 for missed appointments and \$45 for late cancellations. **We ask that you provide us with a 24 hour notice if unable to keep a schedule appointment to allow time for us to fill your reserved time.** *Private pay clients pay \$90 for the visit regardless if they arrive late, cxl or ns. We have less than a 3% no-show/cancellation rate here at PTS, so we do not anticipate this occurring. But in the rare event that this does occur, we want you to be aware of our policy and what is and is not an insurance covered charge.* Payment is due at the time of your visit. Insurance deductible and coinsurance is collected on an estimated insurance fee schedule. Any balance will be billed to the card on file and a receipt will be available.

Please ask if you have questions.

Again, thank you for choosing private therapy services for your health care needs and we appreciate the opportunity to serve you.

Patient's Signature _____ **Date:** _____

By my signature, I indicate that I have read this policy and agree to its provisions.