

Wallace Physical Therapy Billing Procedure
Billing Service Is: Assurance Medical Management
Account Manager Is: Contact Her At 318-3500
if you have any questions or concerns.

Medicare Patients:

You have a deductible of: **\$155.00**. You need to get a new prescription from your referring physician **every 60 days**; you must be seen in their office. If you do not update your prescription you will be required to sign a GA waiver. A GA waiver is a notification that the services you are receiving may not be paid by Medicare, by signing it you agree that the possibility of denial has been explained and you are aware that if they do deny you will be billed. Medicare does not pay for physical therapy that they feel is not a medical necessity. Claims are sent to Medicare, processing can take up to 60 days. Please be sure you have provided us with your date of birth as Medicare will not process a claim without it. If we have to appeal, it can take up to 6 months for the claims to be paid. If you do not have a secondary insurance then you will be responsible for the coinsurance (20%) not paid by Medicare and you will receive a statement. If we receive incorrect insurance information you will receive a statement.

Medicare with Secondary Patients:

The claims filing procedure is the same as above. When Medicare has paid your claim your secondary will be billed **once as a courtesy**. If your secondary does not respond to our filing, then you will be billed and it will be your responsibility to get in touch with your secondary for payment.

Also, when billing your medical insurance, we are given a quote of benefits not a guarantee of coverage. This will ultimately leave you responsible for the bill if your medical insurance does not pay.

Statements are sent throughout your duration of therapy and the balance will change as your insurance company pays. Just because you receive a statement does not mean that is all you owe. The number of statements depends on the length of therapy. Statements are sent once a month. When you have received 3 statements and no payments have been received, you will receive a final notice. You have 10 days to respond to the final notice; you may set up payment arrangements. If you do not respond, your bill will be sent to collections. If you set up a payment plan, you need to make the promised payments; if you cannot please contact the billing service. Once you are in collections we cannot change that as it is your responsibility to get in contact with the billing service when you receive your final notice.

Signature: _____ Date: _____

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All other insurance patients:

You must first meet calendar year deductible before your insurance company will pay. Your claim will be filed to your insurance. Your insurance has 45 days to pay the claim unless they are asking for medical review. If your insurance is requesting further information from you please contact the billing service listed above and let them know. If you reach maximum benefits for physical therapy, the remaining balance is your responsibility and you will receive a statement. If you have a secondary, they will be billed when the primary pays. If you do not have a secondary, you will receive the bill for the remainder.

Self Pay Patients:

Payment is due at the time of service unless you have a signed agreement with Mr. Robert Wallace.

Workers Compensation Patients:

We need all employer information, the claim number, date of injury, and insurance company information. If we have received incomplete information, or if the insurance company denies the claim, you will be responsible for the bill. We will keep your employer and employer's insurance informed on your treatment and attendance.

Also when billing your medical insurance, we are given a quote of benefits not a guarantee of coverage. This will ultimately leave you responsible for the bill if your medical insurance does not pay.

Statements are sent throughout your duration of therapy the balance will change as your insurance company pays. Just because you receive a statement does not mean that is all you owe. The numbers of statements depends on the length of therapy. Statements are sent once a month. When you have received 3 statements and no payments have been received, you will receive a final notice. You have 10 days to respond to the final notice; you may set up payment arrangements. If you do not respond, you will be going to collections. If you set up a payment plan, you need to make the promised payments; if you cannot, please contact the billing service. Once you are in collections it is your responsibility to get in contact with billing service when you receive your final notice.

Signature: _____

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Motor Vehicle/Attorney Lien

If you are a motor vehicle patient we will need all of the following information:

- Who is the policy holder?
- What insurance company we will be billing?
- Date of the accident (copy of accident report if possible.)
- Phone number for the insurance company we will be billing.
- Claim Number or any correspondence from the insurance company that may have any billing information on it.
- You will need to know if there is any med pay on the policy
- Here at Wallace Physical Therapy we advise you to add your own medical health insurance to your chart in the event that your claim is not covered by yours or the other driver's motor vehicle insurance.

If you are a lien patient, we will need to have a signed lien by your attorney, or you will be held liable for the entire cost of your therapy.

If you are a lien patient and you lose your case, you as the patient are responsible for the entire cost of your therapy unless other arrangements have been agreed upon by Mr. Wallace.

Billing Statement:

Statements are sent once a month throughout the duration of your therapy. The balance of your statements will change as you and your insurance pay your contracted portions. Your statements may not always reflect the entire balance due if the treatment is still ongoing at the time of the mailing. We do make payment arrangements for those patients who need them. It is your responsibility to contact our billing office. If a payment plan is set up on your behalf, you need to make the promised payments by the monthly due date. Once you have received 3 billing statements, and have made no payment attempts, you will receive a final notice. You will then have ten (10) days to respond. If you do not respond to the final notice your bill will be sent to collections. Once you have been sent to collections we cannot change that. It will become your responsibility to contact the collection agency and make payment arrangements with them. It is ultimately your responsibility as the patient/insured to know and understand your insurance and benefit information. There is a customer service/benefits information number on your insurance card. Please call them for any questions you may have,.

Signature: _____

Date: _____