

## Optimum Therapies Patient Payment Policy

Revised 10/2018

As medical costs continue to rise, each member of the Optimum Therapies Team will work hard to keep costs communicated, transparent and affordable to our patients. You have the ability to help us by being prompt and consistent in attendance and paying your co-payments and patient balance at each visit.

**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. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Co-payments.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**Proof of insurance.** All patients must complete our patient consent form before seeing a provider. We must obtain a patient photo or a copy of your driver's license along with a current valid insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**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. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**Payment Methods.** We accept cash, check or credit card, except American Express. A service charge of \$20 will be applied to returned checks. **We expect payment in full for services rendered within 9 months from your final visit. Patient balances beyond 12 months will incur a 12% annual interest charge until the balance is paid in full. If you need to make payment plan arrangements, please speak with the Billing Department at (715) 855-0408 as soon as possible or email [OTbillingdept@optimumtherapies.com](mailto:OTbillingdept@optimumtherapies.com)**

**Overpayments.** Overpayments will be refunded once your account is paid in full and care is finalized. (*per Overpayment Policy*)

**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; we are not party to that contract. Benefits vary based on the individual plan design. We verify coverage and bill insurance carriers as a courtesy to you.

**WORKERS' COMPENSATION/ACCIDENTS.** You must provide the carrier information, employer contact, date of injury and claim number. Any charges for your care left unpaid are YOUR responsibility. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative physical therapy care.