



Glacier Peaks Mobile Physical Therapy LLC Financial Policy

Glacier Peaks Mobile Physical Therapy LLC (GPMPT) is committed to your treatment being successful. Please understand that payment of your bill is part of your treatment. This is an explanation of our financial policy—we require that you read and sign this document prior to any treatment.

Payment Policy:

All co-pays and self pays will be collected the day of your scheduled appointment. Our financial policy requires payment in full of any balance billed to you by our facility or billing service within 30 days of receiving a statement. This is your responsibility. We have the following options for payment of your bills: cash, check, credit card, HSA and FSA cards.

Regarding Insurance:

Please provide copies of insurance cards the day of, or prior to your first appointment. Please be aware that some services provided may be non-covered services and not considered reasonable & necessary under the Medicare Program and/or other medical insurance companies. Verification of benefits is a courtesy provided by GPMPT. Knowledge and understanding of Physical Therapy coverage is your responsibility based on the contract between you and your insurance company. GPMPT is not party to this information. In order to bill your insurance company, please provide us with your up to date insurance information. If your insurance company has not paid your account in full within 60 days, the balance may be automatically transferred to you.

Medicare Physical Therapy Limits:

To our medicare patients: Effective January 1, 2023, medicare has a cap (monetary limit) of \$2,230.00 per calendar year for physical therapy (PT) and Speech-language pathology (SLP) combined. Medicare will cover 80%, with 20% being your responsibility after the \$226.00 deductible has been satisfied, unless you have secondary coverage.

Usual & Customary Rates:

Glacier Peaks Mobile Physical Therapy is committed to providing the best treatment for our patients. Our rates of service provided are based on what is usual and customary for our area. It is your responsibility to provide payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients:

The adult(s) or guardian(s) accompanying a minor are responsible for full payment after insurance has provided coverage. For unaccompanied minors, physical therapy will be given only with the consent and signature by the parent or custodial guardian on or prior to the date of service. Co-pay arrangements will stand as referenced above.

I hereby authorize my Insurance Company to make payment(s) directly to Glacier Peaks Mobile Physical Therapy LLC with any benefits I may receive. I authorize the release of any information necessary to process my insurance claims, or facilitate payment of my account by a third party.

Initials _____ Patient Name (Print) _____

I have read, understand and agree to the Financial Policy as written.

Signature of responsible party

Date