



STEAMBOAT PHYSICAL THERAPY

Percival Creek Professional Plaza | 2102 Carriage Drive SW, Suite B, Olympia, WA 98502

Office 360.866.0408 | Fax 360.866.1165 | Clinic hours: Monday - Friday, 7:00 a.m. to 5:30 p.m.

FINANCIAL POLICY

We have found that early communication with our patients regarding our financial policy provides the best service possible. Please review these policies and call us if you have any questions.

PRIVATE INSURANCE: Our staff is pleased to directly bill your insurance company after your insurance coverage has been verified. Co-payments and annual deductibles will be collected at the time of service unless you've made other arrangements with our office manager. Each benefit package is unique and each patient is advised to review their benefit statements for coverage details. Most insurance companies pay a percentage of your bill. It is the responsibility of the patient or the person responsible for payments to remit any amount not covered by insurance.

MANAGED CARE PROGRAM: If you are enrolled in this type of program, your primary care physician will coordinate all of your medical care. **You are required to have a referral (not a prescription) from your primary care physician for our services prior to making an appointment.**

PERSONAL INJURY: For patients involved in motor vehicle accidents, we will bill your personal injury protection (PIP) carrier directly. Washington state law does not require a prescription from your physician for physical therapy following an accident, but obtaining your physician's prescription is recommended to establish medical necessity. After your PIP coverage is exhausted, we will bill your private health insurance carrier.

LABOR & INDUSTRIES (L&I): We will bill L&I or your company's self-insurance carrier for an on-the-job injury (open claim status only). We require a prescription from your attending physician for physical therapy and claim information, along with name of your worker's compensation insurance company if not State of Washington. Prior authorization is required every 12 visits. These include any physical therapy at any outpatient PT clinic. Closed claims will be processed as discussed under Private Insurance above, or Private Pay below.

MEDICARE: This is a Medicare-certified facility and we will file claims to Medicare on your behalf for covered services. We will also bill your supplemental insurance company. Medicare regulations do not permit us to waive the 20 percent patient responsibility. If you do not have supplemental insurance, you will be billed for your patient responsibility portion after Medicare has paid. **There is a cap to physical therapy benefits. Please ask our receptionist about the physical therapy cap for the current year.**

DEPT. OF SOCIAL AND HEALTH SERVICES (DSHS): Medical coupons are accepted with a prescription from your physician. A current coupon or card is required at the time of service. **Programs covered are GAU, CNP and CHIP with a maximum of 24 units per year.**

PRIVATE PAY: This is for our patients with no medical insurance coverage. Full payment is expected when services are rendered. We accept cash, personal check, VISA, MasterCard, or American Express.

Financial Policy continued on next page.

FINANCIAL POLICY

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CONTRACT INSURANCE AND MANAGED CARE ORGANIZATIONS CO-PAYMENTS: We are contracted with the PPOs and HMOs listed below. We will bill the insurance carrier directly and accept their allowable charges. Co-payments and annual deductibles will be collected at the time of service unless otherwise arranged with the office manager. Please bring your current insurance card(s) to your first appointment for copying. Each benefit package is unique and each patient is required to review their benefit material for coverage details. If you are enrolled in this type of program, your primary care physician will coordinate all of your medical care. You are required to have a referral (not a prescription) from your primary care physician for our services prior to making an appointment.*

Preferred Provider Organizations

First Choice Health Network (*Kitsap Physicians, Group Health Options, Providence Health Plans, Union Plans*)
Aetna
Cigna / GreatWest Health
United HealthCare
Molina Healthcare
Healthcare Management (Regence)
Regence Blue Shield
Community Health Plan of WA
Premera Blue Cross

*** Healthcare Management Organizations/Plans**

Referral by PCP; preauthorization by insurance company required.
PacificCare
Regence Selections
Premera Health Plus
Aetna (*check your specific plan*)
Cigna (*check your specific plan*)
United HealthCare
Puget Sound Health Partners (*Physicians of Southwest Washington*)
TriWest
MultiPlan
Secure Horizons (*Medicare*)
HealthNet

AGREEMENT TO PAY: I understand and agree that I am responsible and liable for payment of all charges assessed for professional services rendered. I understand the Financial Policy detailed above. I understand that I am primarily responsible for all charges (including last charges) regardless of my existing medical coverage or payment plan. In the event that my insurance company forwards payment directly to me, I will deliver such payment to Steamboat Physical Therapy. I understand that I am responsible for meeting my insurance deductibles, co-payments, and coinsurance, and my non-covered services. Should my account become past due, the balance becomes my responsibility and is immediately due. I also agree to pay all collection costs incurred, in an amount not to exceed 1 percent of the unpaid balance. Should any unpaid balance be referred to a collection agency, or should any unpaid balance be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid by the undersigned as allowed by the court. Steamboat Physical Therapy strongly recommends that you verify outpatient benefits with your insurance company.

Note: Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claim. Overdue account balances generate a 1 percent interest charge.