

## **Billing and Payment Policy:**

Making sure you are aware of your financial responsibilities is part of our commitment to you. Please review our payment policy below and contact us if you have any questions.

### **Health Plans**

Waypoint Pediatric Therapies is contracted with many health plans and managed care programs. It is your responsibility to determine whether Waypoint Pediatric Therapies is listed as an in-network or out-of-network provider under your health plan.

As a courtesy to our patients, we will verify and file your insurance, however; we cannot guarantee payment. We strongly suggest that you read your policy manual as it pertains to physical therapy coverage. Many insurance companies have stipulations like limited therapy sessions, limited reimbursable amounts per session, deductibles, co-payments, etc. It is the responsibility of the patients to track any such limitations. Payments for visits that exceed any such health plan limitations will be the responsibility of the patients.

### **Registration**

When you schedule your initial appointment with Waypoint Pediatric Therapies, you will be asked to provide your insurance card(s) and driver's license. Scanned copies of your insurance card(s) and license are kept as part of your record. It is your responsibility to notify our office of any patient information changes such as address, name, telephone number, or insurance information.

### **Payments**

Co-payments and outstanding balances are due upon receipt of the monthly billing statement. Payment will include known co-payments, deductibles, and coinsurance. We accept cash, checks or credit cards. No post-dated checks will be accepted.

### **Responsibility for Services**

While Waypoint Pediatric Therapies takes the responsibility to file for insurance or pre-authorization of services when required by your health plan, this can only be accomplished accurately when we have the correct information for your health plan(s).

Please be aware:

- Keeping us updated on health plan changes is your responsibility.

- Certain procedures or services may not be covered, or may be considered “not medically necessary”, by your health plan. You may be responsible for payment of these services.
- Some health plans limit services. If your care exceeds a plan limitation, you will be responsible for payment.

### **Cash Discounts**

As a courtesy, cash discounts are offered to uninsured patients who pay in full prior to service or at the time of service. Waypoint Pediatric Therapies offers a 15% discount on our regular fee for cash payments made on the date of service. Please note that this excludes co-payments.

### **Payment Plans**

We understand that healthcare expenses may be a financial burden. We are willing to work with you to establish a reasonable payment plan. Waypoint Pediatric Therapies will document approved payment plans in writing.

## **How does billing work at Waypoint Pediatric Therapies?**

Waypoint Pediatric Therapies sends your insurance company a bill using the information you give us at registration. The insurance company reviews the bill and pays or denies its part:

If Waypoint Pediatric Therapies has a contract with your insurance company, then the total charges are reduced, like a discount. Most insurance companies call this discounted amount an “adjustment.” What is left over is called the allowed amount.

If you have not met your deductible for the year, you must pay costs up to the deductible amount before insurance will pay anything. After you have met your deductible, you may be responsible for a portion of the allowed amount. This is called coinsurance. Some health services do not have coinsurance and deductibles.

After your insurance company pays its portion of the allowed amount, or processes the claim, you will receive an explanation of benefits from them.

Waypoint Pediatric Therapies sends you a bill for the amount you owe. Your cost includes unpaid copay, your coinsurance and any remaining amount up to your annual deductible or “out-of-pocket maximum.” If your insurance plan pays the full allowed amount, you will not receive a bill.

This process can take weeks or months, depending on your insurance plan.

### **How much will I owe per visit?**

The amount you owe depends on your insurance plan, deductible, coinsurance and copay amounts. Contact your insurance company for questions about your plan.

### **Why didn't insurance pay my bill?**

Charges NOT paid by your insurance that are your responsibility are:

#### **Deductible**

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

#### **Coinsurance**

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible. Let's say your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%.

If you've paid your deductible: You pay 20% of \$100, or \$20. The insurance company pays the rest. If you haven't met your deductible: You pay the full allowed amount, \$100.

#### **Copayment**

A fixed amount (\$20, for example) you pay for a covered health care service after you've paid your deductible.

Let's say your health insurance plan's allowable cost for a doctor's office visit is \$100. Your copayment for a doctor visit is \$20.

If you've paid your deductible: You pay \$20, usually at the time of the visit.

If you haven't met your deductible: You pay \$100, the full allowable amount for the visit.

#### **Benefit limitations**

Your insurance plan may have visit limits on physical therapy services. In such cases, if you choose to continue with PT, you may be responsible for the charges.

***Patients with Medicaid, will not receive bills for the amounts that their insurance does not pay.***

**Do you offer payment options?**

Waypoint Pediatric Therapies will work with you individually to come up with a plan that might best suit your needs. Please call us for more information.

**When can I expect my bill?**

Once your insurance company has paid its part of the bill, we will bill you for your part. The time this process takes depends on your insurance company.

**Does my child's visit require a pre-authorization from insurance?**

Most insurance plans do not require pre-authorization for physical therapy. If your insurance requires authorization, then our billing team will request an authorization from your plan.

If your insurance denies our authorization request, meaning they will not pay for services, we will contact you. Because of the high volume of requests, we will only notify you if our request is denied.

Pre-authorization does not guarantee your insurance will cover care. Some services do not require pre-authorization, but also are not covered. Contact your insurance to learn what your plan covers.