

OrthoSport Physical Therapy

19217 36th Ave. W., Suite 102
Lynnwood, WA 98036

Policies and Procedures

Billing and Collection Policies

Welcome to OrthoSport Physical Therapy, PLLC. The information below outlines our billing and collection policies and procedures, and how we work with your insurance company. If you need additional information, or are unclear as to our procedures, please do not hesitate to ask or call our billing specialist at 425-670-9991, ext. 2.

Insurance

PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY YOUR BENEFITS. We will verify your insurance for you. Please note that when we verify benefits, we are simply relaying information obtained from your insurance company and OrthoSport Physical Therapy, PLLC is not responsible for any erroneous information they might provide. (Please see "Patient Insurance Verification Questionnaire".)

For insurance plans we contract with, that require co-pays, the co-pay must be paid prior to any services being rendered. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. In accordance with federal regulations, Orthosport Physical Therapy, PLLC does not waive co-pays, deductibles or extend any form of courtesy discount. Any deductible and co-insurance amounts will be determined as you progress with your care.

Payment for any co-insurance, deductibles, or non-covered service as required by your insurance is expected at the time of service. **A receipt will be issued at that time, which will be your proof of payment. Proof of payment will be required when disputing whether or not a co-payment was made at the time of service.**

You will receive an Explanation of Benefits (EOB) from your insurance company indicating what they have paid and your financial responsibility. Any remaining balance is due upon receipt of that EOB. Please send this amount immediately to our remittance location at: OrthoSport Physical Therapy, PLLC., 19217 36th Ave. W., Suite 102, Lynnwood, WA 98036. Any portion of your bill that is your responsibility will be billed to you after receipt of payments from your insurance company.

For patients who do not have insurance coverage, or have exhausted their physical therapy benefits, we offer a cash discount that must be paid at the time of service. Cash-pay services cannot be billed to your insurance. We provide this option to make your healthcare accessible and affordable.

We accept cash, check, MasterCard, VISA, and Discover. There will be a fee of \$40 charged on all NSF/returned checks.

Again, we welcome you as a physical therapy patient and will be happy to answer any questions you may have on the above policies.

Initial Disclosure

If you think your bill is wrong, or if you need more information about a transaction on your bill, contact our billing service at (425) 670-9991, ext. 2.

We must hear from you no later than 30 days after we sent you the first bill in which the error of problem appeared.

You do not have to pay the amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

No Show/Cancellation Policy

We realize that unexpected circumstances can arise that may, on occasion, make it difficult for you to keep your appointment. However, there is a \$40 charge if you do not show for a scheduled appointment, or do not call to cancel 24 hours prior to a scheduled appointment. These charges are not covered by insurance and will have to be paid personally. If you cancel more than three (3) appointments with less than 24 hours' notice, you may be discharged from our service.

Please cooperate with us in this regard. We look forward to working with you.