

Thank you for choosing Registered Physical Therapists!

RPT Payment Policy

- Please be aware that you are fully responsible for payment to RPT.
- You are also responsible to contact your insurance to verify benefits, coverage and any limitations for outpatient physical therapy services.
- RPT may contact your insurance as a courtesy but we do not guarantee accuracy of information.
- You can request a hard copy of our full financial policy at any time. A copy is included on the reverse side for your convenience.

Based on your insurance plan benefits, if you...

- Have a **Copayment**
 - It is due at the time of service.
 - Please be aware some insurance plans may charge an additional copay or deductible amount on an evaluation visit.
- Have a **Co-Insurance**
 - We will collect toward the **ESTIMATED** co-insurance and bill you for any remaining balance.
- Have a **Deductible** (that is not met)
 - We will collect toward the **ESTIMATED deductible portion** which is based on your insurance's allowed amounts.
 - We will then bill you for any remaining balance. Please be aware that these amounts vary depending on your insurance plan. **You could be responsible for \$70-\$350 per visit.** Contact your insurance if you have questions.
- Have a **High Deductible or Do Not Have Insurance?**
 - RPT accepts CareCredit, which is a health, wellness, and personal care credit card that gives you a convenient way to pay for your patient responsibility.
 - Please ask to speak to your account manager about these and other options. Your treatment and recovery is our highest priority.
- **A Balance Due?**
 - Go to www.rptutah.com and use our secure payment processing system.
 - Pay at the front desk when you check in for your next appointment.
 - Additional Questions? Ask to speak to your account manager. They can review your account and set up payment arrangements.
 - Your account manager is MEREDITH. Her phone number is 801-930-5404.

Please read each section below of our full financial policy.

INSURANCE INFORMATION

We accept most insurance plans and as a courtesy, RPT will submit claims to your health insurance company for you after each visit. You are responsible for all out of pocket expenses (copays, co-insurance and deductibles). We will estimate the co-insurance percentages based on what we expect the insurance company to pay. Because this is an estimate and not an exact figure, there is a possibility that you will still be responsible for an additional balance and/or that you may be due a credit refund if you have overpaid. Your insurance company may contact you for information needed to pay your claims. Please do not ignore the request. Appropriate attention will help avoid delays in processing your claims.

REVIEW YOUR “SCHEDULE OF BENEFITS”

It is your responsibility to know your “Schedule of Benefits” through your insurance plan. You should understand your policy’s deductible, copayment, co-insurance, and visit limitations. It will help you understand the agreement you have with your insurance company. You should call your insurance company with any questions regarding your policy/coverage of outpatient physical therapy. As a courtesy, we will also verify your coverage, but we will not guarantee the accuracy of the information we receive. Your insurance policy is a contract between you and your insurance company. You are responsible to know your level of coverage, and you are ultimately responsible for the full payment of your bill.

CHANGES IN COVERAGE

It is your responsibility to inform us of any and all changes of insurance coverage during the course of treatment. Failure to do so may result in denial of coverage by your insurance company. Any outstanding charges will be your responsibility.

SECONDARY INSURANCE & COORDINATION OF BENEFITS

If you have a secondary insurance, we will submit claims to your secondary health insurance company as a courtesy to you. Please be aware that secondary insurance coverage does not guarantee “double coverage”. Please be aware that some insurances will not process claims if each insurance plan is unaware of another active policy. You are responsible to inform your insurances of any changes and are responsible for any remaining charges.

MINORS

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment of the minor’s bill as outlined in the above financial policy. Payment is due at the time of the appointment, even if a parent or legal guardian is not in attendance.

PERSONAL INJURY, LIABILITY, AUTO, OR INVOLVEMENT OF AN ATTORNEY

In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. You will be responsible for any patient balances that your health insurance deems as patient responsibility upon processing. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill.

If the claim is related to an automobile accident, I authorize the release of a Personal Injury Protection (PIP) letter and ledger to RPT.

STATEMENTS

Statements are sent out monthly via mail to your address on file. Statements will show any activity on your account including new billing, payments (insurance or patient), adjustments and finance charges, if any. Dates of service paid in full will not appear on future statements. In addition, interest will accrue on all unpaid patient portions after 30 days at the rate of 18% per annum (1.5% per month) until paid in full.

PAYMENT

All patient portion; cash, private pay accounts, copayments, co-insurance and deductibles are due at the time of treatment. We accept cash, check, VISA, MasterCard, Discover card and American Express. A \$30.00 service charge will be charged for all returned checks. We will work with you to set-up a customized payment plan if necessary. If you have any concerns, please ask.

COLLECTIONS

We will work with you to avoid sending your account to collections. In the event of default on your account, your account will be referred to a third-party debt collection agency. You will be responsible for the unpaid balance and an additional collection fee of 40% of the principal amount owing as allowed by Utah Code Annotated, sec. 12.1.11. The terms of this paragraph shall apply to all amount(s) incurred by you or by any individual for whom you have legal responsibility. You will be responsible for collection and/or attorney’s fees and court costs. If payment arrangements are not kept up on a timely basis, we will proceed to send your balance to our collection agency. After your account is sent to the collection agency, you will be directed to their company to resolve your account. Accounts that are turned over to collections can result in denial of further treatment.