



## **FINANCIAL POLICY DISCLOSURE**

### **OVERVIEW**

TruMove is pleased to participate in your health care and we look forward to a lasting relationship. In maintaining such a relationship, it is important that expectations, both yours and ours, be clearly communicated. What follows is an explanation of the basic and important steps you must take to ensure our ability to provide you with the services you need. We ask that you read this Financial Policy Disclosure and ask us any questions you might have. Once you are satisfied with your understanding of this Financial Policy Disclosure, we ask that you sign and date the last page.

### **RELATIONSHIP BETWEEN YOU, YOUR INSURER, AND TRUMOVE**

Your medical insurance contract is between you, the insured, and your insurance company, the insurance provider. TRUMOVE is a medical services provider and as such, we are not a party to that contract. Our contract – and our commitment – is with you as our patient. We can help you understand information about your insurance benefits, however you are primarily responsible for knowing what type of coverage you have and for any charges that you have incurred under your contract with us as your medical services provider. It is important that you relay any questions or concerns to us in a timely fashion so that we may help you understand and navigate this process.

### **CHECKING-IN AND CHECKING-OUT**

Upon arrival to each appointment you must check-in at the front desk, show your insurance card if requested, and make payment if one is due.

### **INSURANCE INFORMATION**

Patients must complete and sign information and insurance forms prior to being seen. You must present a current insurance card at your first visit and upon request. You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, you will be responsible for payment. If we receive payment at a later date, you will be reimbursed by TRUMOVE. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit or visits. If we receive payment at a later date from the correct insurance company, you will be reimbursed by TRUMOVE. It is imperative that we receive new insurance information as soon as possible so that we can submit our invoices for your visits to your insurance company within the filing limit. Otherwise, the insurer may deny our invoice for your services and you will become responsible for payment.



## CO-PAYMENTS, DEDUCTIBLES, AND CO-INSURANCE

According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurance. Physical Therapy is a *timed-based service*, and the amount billed to your insurance provider may vary each visit. We will check these benefits for you at your first visit, and payments will be due at the time of service. We accept cash, checks, and all major credit cards. A credit card may be kept on file. Our statements satisfy all flexible benefit/health savings account requirements and are available upon request by contacting our billing department.

### CO-PAYMENTS

If you forget your co-payment for one appointment, please plan to make that payment with your next co-payment upon checking in for your appointment. If you forget your co-payment a second time you may be asked to contact our billing department or reschedule your appointment. As a convenience, you may put a credit card on file.

### DEDUCTIBLES AND CO-INSURANCE

If you do not have a co-pay and deductible has not been met we will be collecting \$30 at the time of your service which will be applied towards your deductible balance. Your deductible is the amount determined by your insurance plan that needs to be paid out of pocket before the insurance company will pay remaining costs. The front desk can provide you with an estimated cost of your visit, though allowed amounts are subject to change at any time. Co-insurance is the patient's portion of the allowed amount *after* the deductible has been met. Often, patients will be responsible for 10-40% of the allowed amount once their deductible has been met. Co-insurance is due within 30 days after the receipt of our invoice. Deductible is due at the time of service.

Patients have the option to put a credit card on file so the billing office can process the payment after receiving the insurance explanation of benefits (EOB) indicating the amount due. TRUMOVE will not charge a patient's credit card more than once in a 30 day period.

### SELF-PAY THERAPY

If TRUMOVE is not in-network with your insurance carrier and you do not have out-of network coverage, you are responsible for payment in full. Cash pay rates are \$90 per visit. You may also choose to pay for your service using our cash pay rates rather than go through your insurance policy; however TRUMOVE cannot submit claims to your insurance carrier at a later date. This is due to claim filing limits, time restrictions in obtaining approval, and lengthy data entry efforts.

### BILLING

Patient balances are billed monthly after receipt of your insurance plan's explanation of benefits. Your remittance is due within 30 days. **TRUMOVE reserves the right to collect past due balances at the time of service when**



**treating beyond 30 days of your last statement date.** Any balance over 90 days will be forwarded to a collection agency, and a \$50 penalty fee will be incurred for this expense.

#### **PROMPT PAYMENT**

Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay our bill promptly. If you have a financial hardship or if you are unable to pay your bill in its entirety, please contact our billing office to discuss payment options. If your account becomes delinquent and you fail to work with us in establishing a payment plan, your account will be turned over to a collection agency and we will no longer be able to provide services to you. A \$50 penalty fee is incurred to cover collection agency expenses.

#### **CANCELLATION & NO-SHOW FEES**

We understand that unanticipated events happen in everyone's life on occasion. In order to be fair and consistent to all clients, the following policies are enforced: A 12-hour notice is required for canceling any appointments. This allows the opportunity for another client to schedule an appointment. If you are unable to give 12 hours advance notice, you will be charged a \$50 late cancellation fee. Forgetting or choosing to forgo an appointment for any reason will be considered a "no-show" and will be charged a \$50 no show fee. It is important that you adhere to this requirement out of consideration for other clients and our staff. You may be asked to present payment for any outstanding cancellation/no-show fees prior to your next session.

#### **RETURNED CHECK FEES**

A \$25 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.

#### **MINORS AND DEPENDENTS**

A parent or guardian must accompany all minors (age 17 and under) to the initial evaluation to complete and sign paperwork. For subsequent visits, patients under the age of 18 may be dropped off for the appointment as long as the co-payment is paid. Parents and guardians are responsible for payments at the time services are rendered. To aid you in meeting this requirement, the billing office can keep a credit card on file. Please contact the billing office if you wish to put a credit card on file.