

Norfolk Physical Therapy Center

Insurance Information Sheet

AS A COURTESY, NORFOLK PHYSICAL THERAPY CENTER WILL FILE ALL PRIMARY AND SECONDARY CLAIMS FOR YOU. ANY DEDUCTIBLE, CO-INSURANCE OR CO-PAYMENT IS DUE UPON ARRIVAL AT EACH VISIT. WE ACCEPT VISA AND MASTERCARD FOR YOUR CONVIENCE. Payment arrangements for special circumstances may be discussed with our Finance Officer.

MEDICARE

Due to guidelines established by Medicare, it is necessary for you to **PHYSICALLY SEE** your referring physician every 60 days during your physical therapy treatment. A 30-day interim report prepared by your therapist and signed by your doctor is also required.

TRIGON KEY ADVANTAGE & MAMSI / MAPSI

A pre-authorization number obtained from your primary care physician is required before your first visit. Our office will obtain authorization for additional visits.

M.D.I.P.A. / OPTIMUM CHOICE

Your primary care physician must refer you by submitting a completed referral form to our office by or before your first appointment. Our office will obtain authorization for additional visits from your insurer when necessary.

TRIGON HEALTHKEEPERS OFFERED BY PRIORITY HEALTHCARE, INC.

Pre-authorization by your referring physician is required prior to your first visit. Our office will obtain authorization for additional visits from your insurer as necessary.

TRICARE STANDARD

If you are referred by a military facility, a completed "DD2161 Consultation Sheet" is required. Also, please provide us with the physician's full name and the address of the facility where you were seen. Physical Therapy visits are usually limited to 2 per week and a total of 20 per year. Keep in mind, for deductible purposes, the Tricare year begins on October 1.

SENTARA PPO / OPTIMA PPO

Pre-authorization must be obtained from the insurer after your physical therapy evaluation. We will submit the required documentation along with authorization request after your first appointment. Once Sentara authorizes further treatment, then we will schedule further visits. We will obtain authorization for any additional visits as needed.

WORKER'S COMPENSATION

If your work injury claim is denied, you will be responsible for the entire balance. If this happens, and we are participating providers with your personal health insurance, we will file the claim to your personal insurer once you provide us a copy of your insurance card.

PLEASE NOTE:

For all patients with commercial insurance, any supplies issued to you are not covered by your insurance. Payment for supplies will be your responsibility at the time the supply is issued.

The information we provide to you about your health insurance benefits is only an estimate based on information we have obtained by calling your insurance carrier. We cannot guarantee payment of any claim. If your insurance company does not pay as anticipated, you may be billed. If you are aware of changes in your health insurance benefits, please advise us as soon as possible so that we can change our records accordingly and maximize your insurance company's payment on your behalf.

Name: _____

Deductible Remaining: _____

Co-pay / co-insurance: _____

Physical Therapy Maximum: _____

Signed

Dated