



## **THE T.E.A.M. APPROACH FINANCIAL POLICY 2014**

**We at The T.E.A.M. Approach, Inc., are committed to providing you with quality care, and we would be happy to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Below are our guidelines written in “FAQ” form for ease of understanding. Please ask our billing representatives or the owners, John and Sara McMahan, if you have any other questions about our policy.**

- **HOW IS EACH SESSION BILLED TO MY INSURANCE COMPANY?** As is current practice, physical, occupational, and speech pathology services have been and will be billed according to the American Medical Association’s Current Procedural Terminology (CPT) codes. These are approved and accepted descriptions of procedures that are performed during each therapy session. Each code has its own cost based on the skill of the procedure. Our fee schedule is based on industry standards and is updated on a yearly basis.
- **WHAT IS THE AVERAGE COST OF EACH SESSION?** Depending on what procedures are performed, an average therapy session can range anywhere from \$120.00 to \$250.00. Evaluations and assessments are usually more due to the level of skill needed by the therapist.
- **HOW IS MY CO-PAY/CO-INSURANCE DETERMINED?** Each insurance policy is different. You may either have a “co-pay” which is a standard amount of money due at each office visit or you may have a “co-insurance” which is a percentage of the amount billed for that therapy session. Our billing department would be happy to assist you in determining what your responsibility is for each session.
- **WHEN IS MY CO-PAY/CO-INSURANCE DUE?** Both co-pays and co-insurance amounts are due at the time that services are rendered. Any adjustments to this amount will be made upon receipt of the explanation of benefits from your insurance carrier. Additional charges will be on your statement at the end of the month.
- **WHAT IF I AM NOT THERE TO PAY MY CO-PAY/CO-INSURANCE AT EACH VISIT?** You may make arrangements with our billing office to pay your portion of charges on a monthly basis upon receipt of your statement. For your convenience, we can also keep credit card information on file and automatically charge co-pays/co-insurance at each visit or at the end of the month.
- **WHAT IF THE AMOUNT THAT I AM RESPONSIBLE FOR AS REFLECTED ON MY EXPLANATION OF BENEFITS IS DIFFERENT FROM WHAT I PAID?** Additional charges will be on your statement at the end of the month. Credits will remain on account and be used to cover any outstanding balance. If there is a credit balance when your yearly out of pocket maximum has been met, a refund will be made.

- **AM I RESPONSIBLE FOR MY DEDUCTIBLE?** Yes. At the beginning of each coverage year, you are responsible for your health insurance deductible. This is usually in January; however, please check with your company's Human Resource department to see when your benefit year begins. The amount of your deductible depends upon your individual insurance policy and whether we are an in-network or out-of-network provider. The fee for each therapy session will be due in full until this deductible amount is met. Our billing department would be happy to assist you in determining what your responsibility is for each session.
- **AM I RESPONSIBLE FOR FEES THAT ARE REDUCED BY MY INSURANCE COMPANY?** No. Fees are reduced either because of "usual and customary" charges or because of a pre-determined fee schedule mutually agreed upon in our network contract. These charges should not be listed under "patient responsibility" on your explanation of benefits.
- **AM I RESPONSIBLE FOR CODES THAT ARE DENIED BY MY INSURANCE COMPANY?** Yes. We would be happy to provide documentation and/or letters of support to appeal denied codes. We will also make every effort to resubmit alternative procedural codes. However, you are ultimately responsible for any charges not covered by your insurance company.
- **WHAT IF MY INSURANCE BENEFITS RUN OUT OR IS DENIED DUE TO MEDICAL NECESSITY?** After consulting with your therapist and determining the need for continued services, we will make every effort to provide you with the documentation necessary to assist you in an appeal process. Your insurance, however, is a contract between you and your company. It is your responsibility to appeal any limitations placed on your benefit policy. It is your decision whether to continue services during this process, but you will be responsible for all charges if the appeal is denied.
- **HOW OFTEN WILL I RECEIVE A STATEMENT?** Statements are sent out at the beginning of each month. These statements reflect all account activity from the month prior including both charges and payments. Although we have tried to find a format that is easy to read, these statements can sometimes be difficult to understand. More detailed account ledgers are available upon request. Please do not hesitate to contact our billing department with any questions or concerns regarding your account.

**Finally, it is our policy to provide the highest quality services to each and everyone of our clients regardless of insurance coverage. We encourage you to maintain open communication with our billing department regarding your benefits. We will make every effort to work with you and your family to prevent burdensome account balances; however, the cost of our therapy services is, ultimately, the responsibility of the consumer.**