



ElmTree Wellness & Physical Therapy
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The PT Patient's Guide to Understanding Insurance

So, your insurance “covers” physical therapy—which means you won’t have to pay anything out-of-pocket for your therapy visits, right? Not quite. The fact that your insurance plan covers PT services—or any other services, for that matter—doesn’t necessarily mean you’re off the hook as far as payment goes. In many cases, you’ll still have to pay a deductible, a co-insurance, or a copayment. Talk about tricky.

To better understand the terms of your plan, you first must understand the terminology. Here are a few common questions regarding insurance lingo:

What is a deductible?

This is the total amount you must pay out-of-pocket before your insurance starts to pay. For example, if your deductible is \$1,000, then your insurance won’t pay anything until you have paid \$1,000 for services subject to the deductible (keep in mind that the deductible may not apply to every service you pay for). Furthermore, even after you’ve met your deductible, you may still owe a copay or co-insurance for each visit.

What is a copay?

This is a fixed amount that you must pay for a covered service, as defined by your health plan. Copays usually vary for different plans and types of services. Typically, you must pay this amount at the time of service. Again, copay amounts are fixed—which means you will always pay the same amount, regardless of visit length. In most cases, copayments go toward your deductible.

What is a coinsurance?

This type of out-of-pocket payment is calculated as a percent of the total allowed amount for a particular service. In other words, it’s your share of the total cost. For example, let’s say:

- Your insurance plan’s allowed amount for an office visit is \$100.
- You’ve already met your deductible.
- You’re responsible for a 20% coinsurance.

In this situation, you’d pay \$20 at the point of service. The insurance company would then pay the rest of the allowed amount for that visit. Keep in mind that the coinsurance amount may vary from visit to visit depending on what services you receive.



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What is the coinsurance for Medicare Part B?

Medicare Part B patients are responsible for a 20% coinsurance, which typically amounts to \$11-25 per visit. If you have original Medicare as your primary insurance, but you also have a secondary insurance, the secondary payer becomes responsible for the 20%. In some cases, the secondary insurance also charges a copay, coinsurance, or deductible. We recommend contacting your secondary insurance carrier to find out.

So, how much will I owe for each visit?

We charge coinsurances as a dollar amount equal to the percentage. So, if you have a 20% coinsurance, you'll pay \$20; if you have a 10% coinsurance, you'll pay \$10. You'll then owe any applicable coinsurance or deductible balances after we receive the Explanation of Benefits (EOB) from your insurance company. Conversely, if we find that you have overpaid, we will refund you via check as soon as possible. As for copays—these amounts rarely vary, so if your copay for physical therapy visits is \$10, you will owe \$10 at each visit. If you have not yet met your deductible or cannot afford these amounts as often as you need therapy, we are happy to arrange a payment plan that works with your budget. That way, you can pay for your care over a timeframe that works for you. Simply ask to speak to our office/billing manager.

A Couple of Notes

- Most insurance companies offer several different plans or subsidiaries. Thus, two patients with Blue Cross Blue Shield, for instance, may have completely different benefits, and therefore, completely different financial responsibilities. Some plans have no copays or deductibles; others may have a \$10,000 deductible. Furthermore, some providers may not accept all plans from a particular insurance. This is why it is crucial that you investigate the details of your specific plan.
- If your insurance offers an online patient portal, sign up for it! These resources typically enable you to:
 - check your benefits,
 - track your deductible,
 - see which providers in your area accept your particular plan,
 - track your claims, and
 - compare claims to your receipts from the doctor's office (if they don't match up, you can then follow up on any discrepancies).



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The Self-Pay Option

If I don't want to use my insurance, can I just pay for services myself?

An insured patient with a deductible may have to pay as much as \$75 or more for services, many insured patients ask if we can essentially “pretend” they are uninsured. However, if we contract with your insurance company, we are obligated to honor that contract—which means we must bill your insurance for services rendered. Some contracts also prohibit us from providing discounts or waiving patient financial responsibility (e.g., copays or coinsurances). That said, if we do not contract with your insurance, or if you have exhausted your benefits for the year, then you may be eligible to receive services on a cash-pay (i.e., self-pay) basis.

ElmTree Wellness & Physical Therapy is in-network with:

- Medicare
- BCBS
- UHC
- Cigna
- Medicaid
- Aetna