

Transitional Steps Pediatric Physical Therapy

Financial Policy

INSURANCE AND BILLING: Monthly statements are mailed out by Transitional Steps Pediatric Physical Therapy Services, LLC/PDM billing to the billing address on file for any amounts due on the account. Full payment of copayments, deductibles, coinsurances and non-covered expenses is expected IN FULL within 30 days from receipt of your statement. Patients who have balances not satisfied in full after 30 days may have therapy services placed on hold. If continued efforts to collect the balance are not responded to the account may be forwarded to a collection's agency. It is imperative that you contact our office immediately if you will not be able to satisfy your account balance within 30 days. Partial payments are not accepted for the continuation of services unless prior arrangements have been made with the billing office. Please contact PDM at (919) 751-9120 for any billing questions.

If payment is made in full on an account following delinquency, a valid credit card will be required to be kept on file to bill all outstanding balances to in order to resume therapy services. On file cards will have payments processed on the 1st business day of each month unless the parent/guardian provides the billing office with an alternate payment method prior to this date. If an account is forwarded to a collections agency the patient will be discharged from the practice at that time.

INSURANCE AND BILLING: Professional services are rendered and charged to you directly, not your insurance company. Please understand that health insurance benefits are a contract between yourself and your insurance carrier. We are happy to assist you in understanding your specific benefits and responsibilities but please understand that any changes to your insurance plan can affect your coverage. It is important to notify the office IMMEDIATELY of any insurance plan changes. Transitional Steps Pediatric Physical Therapy Services, LLC. will file claims to insurance companies which we are in-network with. WE WILL NOT FILE ANY CLAIMS FOR INSURANCE COMPANIES WHICH WE ARE OUT OF NETWORK WITH

REFERRALS: It is your responsibility to make certain that any referrals required by your insurance company are obtained prior to your child's first appointment. Without the proper referral information from your pediatrician's office, you may be responsible for a higher cost responsibility, up to 100% of the allowable charges.

MEDICAID: Medicaid is the payer of last resort. If your child is covered by another insurance company, we are mandated by federal law to submit charges to the primary carrier first. If Transitional Steps Pediatric Physical Therapy Services, LLC. is not in network with your primary insurance carrier Medicaid will not approve secondary claims for payment. Any charges not covered due to a lapse in Medicaid coverage will become the responsibility of the patient after 60 days.

Printed Child's Full Name and Date of Birth *

Printed Name of Parent/Guardian *

Signature of Parent/Guardian and Date *