

MSI PHYSICAL THERAPY INSURANCE BENEFIT SUMMARY

Name: _____

Date: _____

The following is a summary of your benefits. It is your responsibility to understand your benefits and obligations. This is essential to our professional relationship. Our staff is available to help you and answer any questions. You will be furnished with a copy of this summary.

HMO: It is your responsibility to provide all necessary referrals. Our staff is available to assist you with information only. If you do not have the appropriate referral at the time of your appointment, we will have to reschedule. There are no exceptions to this rule.

PIP (Auto Injuries): Your Personal Injury Policy is responsible for 80% of the charges after you have satisfied your deductible. In most cases, your group health insurance will pay some or all of the balance.

CO-PAYMENTS: All co-payments must be made upon arrival at each appointment. Future appointments will not be scheduled if there are unpaid balances.

CO-INSURANCE: Many policies have a co-insurance amounts of 10-40%. To assure that you can receive the care you need, patients with co-insurance responsibilities will be asked to pay only 10% of the charges at each visit. We will agree to reconcile the account after discharge and the final payment has been received from the insurance carrier. In some cases, there may be a refund or balance due.

PLEASE NOTE: WE REQUIRE 24 HOURS NOTICE IF YOU HAVE TO CANCEL AN APPOINTMENT. WE RESERVE THE RIGHT TO IMPOSE A \$25.00 FEE FOR ANY APPOINTMENT THAT IS NOT CANCELLED IN ADVANCE.

PRIMARY INSURANCE		SECONDARY INSURANCE	
Carrier:		Carrier:	
Daily co-pay/co-insurance amount		Daily co-pay/co-insurance amount	
Annual Deductible		Annual Deductible	
Annual Benefit Maximum		Annual Benefit Maximum	
Maximum amount of visits/year		Maximum amount of visits/year	
Maximum amount of visits/diagnosis		Maximum amount of visits/diagnosis	
Maximum number of consecutive days/diagnosis		Maximum number of consecutive days/diagnosis	
Your year/lifetime benefit for this condition will be depleted on:		Your year/lifetime benefit for this condition will be depleted on:	

MSI Physical Therapy has made every attempt to provide you with an accurate benefit summary. However, this is not a guarantee of payment. Final determination of your actual liability is determined by the insurance carrier and is based upon the provisions of your plan.

I have read and understand the above and have been furnished with a copy of this summary for my records.

Patient/Guarantor Signature

Date

Prepared by: _____

MSI Physical Therapy