



Valdosta Physical Therapy. Inc.

Insurance Information

As a courtesy to our patients, our billing service prints claim forms for our physical therapy services and mails them to your insurance company. In order to perform this service, we must have your signed consent and insurance information (copy of your insurance card). Part of your consent allows us to forward any medical information necessary to process your claims. If you have a Workers' Compensation injury, we will also need information about the responsible party, case manager, and where to send the claims. When you arrive for your first appointment, we will verify by phone that your policy is current and what your carrier requires for approval.

Insurance Authorization: Most insurance companies now require pre-approval for Physical Therapy, which we will try to help you obtain. After your first visit, the physical therapist completes an Initial Evaluation. Our office will either mail or fax a copy of your Initial Evaluation to your carrier with a request of the number of visits and estimated time frame for your therapy. Some insurers require a telephone conversation with your physical therapist as part of the approval process. Your PT will then receive approval for a certain number of visits within a specific period of time.

Billing Insurance Companies: Insurance companies require that we itemize every procedure we perform. Each procedure has a numeric code (CPT code) and a specific charge according to our fee schedule. Many codes are "time dependent" and billed in 15-minute increments. Since many treatment sessions last an hour, there may be 4 different billing codes submitted for a single visit. For approved PT services, insurance reimbursement varies according to individual plans. You should refer to your "Explanation of Benefits" for details.

Co-Payments & Deductibles: Most health plans now require co-payments at the time of each visit. Amounts vary from \$ 10 to \$ 50. Your individual plan documents should explain your co-payment and deductible. If you do not know this information, we can help you find it out during the verification process.

Participating Providers: We try to participate with as many health plans as possible. If your carrier is not listed, please let us know so we may contact the plan.



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Informed Consent Form

We welcome you to our office and appreciate the opportunity to provide you with physical therapy / rehabilitation services.

As a courtesy to our patients we will bill all services and supplies to your primary and secondary insurance companies. We accept your insurance benefits. However, deductibles, co-pays and coinsurance remain your responsibility. You are also responsible for supplies (compression garments, thera-band, splints, etc.) not covered by your insurance.

If you have any questions, please do not hesitate to ask. Please read the statement below and sign.

I consent to receiving physical therapy / rehabilitation services, which are deemed medically necessary by my referring and/or primary care physicians or physical therapist. I authorize the release of medical information to my referring physician and insurance company. I hereby assign all medical benefits to be paid directly to Valdosta Physical Therapy.

Print name: _____ Signature: _____ Date: _____

Parent/Legal Guardian _____