

## FINANCIAL POLICY

EMILY C. JETER, OTR/L, MSPT, CHT, Inc. d/b/a Jeter Rehab Services, Inc.  
1900 L Street, NW Suite 607  
Washington, DC 20036

### THANK YOU FOR CHOOSING MY CLINIC FOR YOUR REHABILITATION

Both myself and my staff are committed to your entire experience here being successful. You have a financial responsibility that obligates you to ensure full payment of your bill. Therefore, all patients will be required to establish a financial arrangement for payment of their account. All patients must complete and sign the entire patient registration packet before they see any of the therapists.

### REVIEW YOUR "SCHEDULE OF BENEFITS"

We urge you to review your insurance policy's "Schedule of Benefits." It will help you understand the agreement you have with your insurance company. You should call your insurance company with any specific questions about your plan relating to outpatient occupational therapy benefits. You need to accurately verify and understand your policy's deductible, co-payment, coinsurance, visit limitations, effective annual calendar renewal date, and any pre-authorization requirements. As a courtesy, we will also verify your coverage, but we are unable to guarantee the accuracy of the information we receive. Your insurance policy is a contract between you and your insurance company. You are responsible to know your level of coverage, and you are ultimately responsible for the full payment of your bill.

### INSURANCE INFORMATION

We need complete and accurate information about your policy. We will submit claims to your health insurance company for you. You are responsible for payment of any deductible, co-pay, and co-insurance as determined by your contract with your insurance company. You are responsible for any amount or any service not covered by your insurer. If prior authorization is not attained and you did not notify our office of prior authorization, you will be responsible for payment of those denied insurance payments.

### CHANGES IN COVERAGE

It is your responsibility to inform us of any and all changes of insurance coverage during the course of treatment. Failure to do so may result in denial of coverage by your insurance company.

### IN-NETWORK/DEDUCTIBLE

You are responsible for meeting the in-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and/or coinsurance as specified in your "Schedule of Benefits." My clinic has agreed with your insurance company to accept the Preferred Provider maximum allowable charge as full payment for the services rendered. There will be no balance billing for covered services. Co-pays and or payment towards deductible are due at the time of service.

### OUT-OF-NETWORK

You are responsible for meeting the out-of-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and co-insurance. You are also responsible for the difference between billed charges and your insurance company's maximum allowable charges. Your out-of-network benefits for outpatient physical therapy will be clearly explained in your insurance policy's "Schedule of Benefits". We will submit claims for payment to your insurance company. Emily Jeter/Jeter Rehab requires a minimum payment of \$45.00 per session for patients who have an out-of-network insurance policy, and have met their deductible. This payment will be applied towards your balance.

### NON-INSURANCE-FEE-FOR-SERVICE

Fee-for-service is exclusively a non-insurance financial arrangement. The Fee-for-service arrangement is exclusively separate from the In-Network and Out-of-Network scenarios. Fee-for-service receipts cannot be submitted to insurance for reimbursement. Jeter Rehab will discount our standard fees for this arrangement.

### WORKER'S COMPENSATION

If you are claiming worker's compensation you must provide us with a copy of your personal insurance card and a current authorized prescription for therapy signed by your physician. We will confirm your authorization with your case adjuster or manager. In the event payment for your claim is denied by your worker's compensation carrier, we will file the claims with your personal insurance policy. If your claim is denied by your personal insurance, you are responsible for the full payment of your bill.

### MEDICARE

Jeter Rehab is a Medicare approved provider of outpatient occupational therapy. All Medicare policy holders need to have a physician's referral prior to starting as a patient in my clinic. Your initial therapy plan of care must be authorized by your physician, and if your physical therapy continues beyond 30 days, the plan of care will need to be re-authorized every 30 days by your physician. It is our responsibility to be sure that the plan of care is authorized, and this may require you to follow-up with your physician more frequently.

**SECONDARY INSURANCE**

If you have secondary insurance you must present it at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

**MINORS**

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

**PERSONAL INJURY, LIABILITY, AUTO, OR INVOLVEMENT OF AN ATTORNEY**

You need to complete and sign all of the patient registration forms. You must still provide us a copy of your personal insurance card. We may also need a physician's written referral for these cases. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill.

**YOUR STATEMENTS**

Patient statements will be mailed out monthly. As a courtesy, we will submit claims to your health insurance company after each visit, and we will apply payments received to your account. If needed, we will re-submit these claims to ensure payment of your benefit for covered services. Once your treatment has ended you will continue to receive up to 3 additional statements from the clinic. After 180 days, any outstanding statement balance will be forwarded to Collections, an additional 35% finance charge will be applied. Late charges after 60, 90 & 120 days will also be applied.

**DISPUTES**

Our Financial Policy is designed to promote due diligence and a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors, miscommunication, and bad information with regard to your insurance or other financial arrangement for payment. We will not become involved in disputes between you and your insurance company regarding, but not limited to, deductibles, co-insurance, co-payments, covered services, pre-authorization, and usual and customary charges.

**PAYMENT**

We accept Cash, Check, Visa, Mastercard, Discover and American Express. There will be a \$30.00 service charge for all returned checks. If you have insurance, balances will be considered current from the date your insurance pays its portion. Late charges after 60, 90 & 120 days will be applied. After 180 days, your statement will go to collections with the authority to notify Experian, Equifax and TransUnion.

**CANCELLATION POLICY – WORKERS COMP & MEDICARE PATIENTS INCLUDED**

You are responsible for notifying the clinic 24 hours in advance if you need to cancel an appointment. You will be charged a \$55 No Show fee for each appointment you miss without contact prior to appointment time. You will be charged a \$30 Cancellation Fee if you contact the clinic on the same day or within 24 hours of your treatment. If you are more than 15 minutes late, you may be asked to reschedule your appointment and incur a \$25 late fee, please contact us if you are running late to ensure your treatment. All Late Charges, Cancellation Fees or No Show fees are required to be paid prior to your next treatment. We understand that there are special and unforeseen situations that will be assessed on a case-by-case basis. We will waive charges if you are able to re-schedule the appointment the same week.

**UNCOVERED SERVICES**

Throughout the course of your treatment you may need a splint or other therapeutic supplies recommended by your physician or therapist. Emily Jeter/Jeter Rehab will submit claims for splints and some therapeutic supplies to your insurance company. If your insurance does not cover these items, payment will be your responsibility.

**SIGNATURE REQUIRED: UNDERSTANDING of PAYMENTS DUE AT TIME OF SERVICE**

1. Co-Pays that are required by your insurance policy are prior to treatment on day of service.
2. For unmet deductible, Jeter Rehab requires a minimum payment of \$70 toward your policy's deductible per visit until met.
3. Emily Jeter/Jeter Rehab requires a minimum payment of \$45 per session for patients who have an out-of-network insurance policy and have met their deductible.
4. If you are a Non-Insurance-Fee-for-Service patient, full payment must be received for the services rendered at the time of service for the discount to be applied.
5. Cancellation or no-show fees (\$55/\$30) are due prior to treatment at your next scheduled session.
6. Payments for splints, exercise equipment and other products or supplies is due the day of service.

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Print Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date