



Juneau Bone & Joint Center Physical Therapy Department strives to provide our patients with the upmost quality in care and assistance during their rehab.

Billing and insurance can be confusing and difficult to understand. We have a team of professional billers and personnel that review all PT patient's insurance and benefits.

JBIC verifies eligibility and authorizes all PT services prior to your first appointment. This does not mean that your insurance will cover services provided at 100%, it simply confirms from your insurance that you have coverage of Physical Therapy.

Your payment is determined after your insurance is billed for your visit. Once received, your insurance company then reviews the claims and determines payment for services. You will receive this information from your insurance as an EOB, Explanation of Benefits. Any remaining balance after the insurance company payment, will be the patient's responsibility.

Due to the variety of codes and charges associated with each code, we are unable to provide an estimate of charges prior to you meeting with your therapist. If you have concerns about payment, please speak with your PT and after the initial assessment they may be able to provide you with a general idea of anticipated treatment sessions.

Understanding your insurance will allow you to have a more positive experience at JBIC. Even though we provide the initial eligibility and authorization, we recommend contacting member services on the back of your insurance card for further information regarding your Physical Therapy coverage. We are including an Insurance Benefit Worksheet that can be of assistance when speaking with your insurance carrier.

Physical Therapy is a time commitment, and we want you to have the best possible experience. We understand busy lives and other commitments that may hinder your ability to stick to a regular PT schedule, but we encourage you to have open communication with your Physical Therapist and the Rehab Staff to find a plan of care that will benefit you and allow you to achieve the best end result!



INSURANCE BENEFIT WORKSHEET

PLEASE CALL YOUR INSURANCE COMPANY PRIOR TO YOUR APPOINTMENT:

Insurance benefits seem to be constantly changing. To assist you in fully understanding your physical therapy coverage under your insurance plan, please complete this questionnaire by calling your insurance carrier before your first visit. Benefits change yearly, please check back with insurance before each PT episode of care.

Patient Name: _____

Insurance plan or program name: _____

Member ID number: _____ **Group Number:** _____

Customer Service phone number (with area code): _____

Name of customer service representative: _____

Date eligibility began: _____

Deductible: \$ _____ **Co-pay: \$** _____ **Co-insurance:** _____

Maximum allowable benefit for Physical Therapy: \$ _____ **Massage Therapy \$** _____

of Visits: _____ **Remaining # of visits:** _____ **for current year as of** _____

IMPORTANT INSURANCE INFORMATION:

- Your deductible must be satisfied before the insurance company will pay for your treatment. You will be billed for any unsatisfied amount.
- Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility.
- Once your claim is processed you will be billed on a monthly basis for any remaining balance that can include outstanding co-pays, co-insurance, etc.
- Be aware that prescriptions, referrals, and pre-authorizations have expiration dates and/or set visit limit. Check to be sure your paperwork has not expired prior to your first visit. Prescriptions are typically current for 90 days unless otherwise noted.
- Rehabilitation benefits may include physical and occupational therapy, speech therapy, massage therapy, chiropractic care and acupuncture, depending on your insurance plan. In addition, physician and chiropractic offices can provide and bill for therapy services. These services may be paid out of the same benefit amount.
- Alaska is a direct access state for physical therapy, meaning you do not need a prescription to seek physical therapy services. Not all plans require a prescription for physical therapy to process your claim, but ALL plans do require that the services billed are **medically necessary**. A prescription does not guarantee medical necessity or payment for all plans. If for any reason your insurance provider denies your claim, you agree to pay any outstanding balance. JBJC will work with insurance as well as patients to exhaust all avenues to receive payment if a denial occurs.