NEW BODY PHYSICAL THERAPY WELCOME LETTER

New Body Physical Therapy is an integral part of New Body ~ New Mind, a private physical medicine practice focused on delivery of top-quality rehabilitation and wellness services, from prevention of injuries to treatment of existing problems to maintenance of a healthy body and mind throughout your life.

In addition to providing specialized physical therapy interventions for orthopedic and neurological conditions (New Body Physical Therapy part of our practice) we are also offering more unconventional treatment options, such as manual therapy, alternative exercise and hypnosis.

Our mission is to deliver specialized care, tailored to the unique needs of an individual client. Our patients always receive personalized, one-on-one attention and our policies reflect our dedication to quality service and timely patient care.

COST OF PHYSICAL THERAPY SERVICES

Most medical insurance policies cover time-limited, exercise-oriented, traditional physical therapy interventions for treatment of acute musculoskeletal injuries, which meet their guidelines of medical necessity. In order to qualify for physical therapy coverage, such acute injuries must be associated with specific functional deficits and treatment plan must have well-defined and measurable functional goals. Treatment of chronic conditions and maintenance plans are not covered by medical insurance plans.

Determination of insurance coverage depends on your medical condition, treatment diagnosis, your ability to meet physical demands of your work and daily life, your choice of treatment modalities and specifics of the contract between you and your medical insurance.

Please understand that insurance companies have their own coverage and medical necessity guidelines, therefore a doctor’s referral does not mean that your insurance company will pay for your visits with us or consider services you receive medically necessary for your condition. (In other words, a doctor’s referral is just a clinical recommendation, and as such it has nothing to do with financial arrangements between you and your insurance company. That’s why all medical insurance companies emphasize that “a doctor referral does not guarantee payment”.)

If we are able to bill your medical insurance for physical therapy visits, you will most likely have out-of-pocket expenses determined by your policy (deductible, co-payments (or co-insurance), payment for uncovered services, etc.)

APPOINTMENTS, CANCELLATIONS, AND RESCHEDULING

When we book an appointment for you, we reserve that time slot for you alone. We do not double book patients, which is a practice of many medical offices. We respect your schedule, therefore your visits will start and end on time. We strongly advise that you arrive at the office a few minutes before your scheduled visit, so that you have time to relax and prepare yourself for your appointment.

In return for taking your time seriously, we ask you to take responsibility for giving us adequate notice, should a need to cancel or reschedule a previously planned appointment arise.

Our cancellation and rescheduling policy requires that we receive at least 2 business days’ notice for any cancellations or rescheduling of appointments.

For example, a Monday appointment must be cancelled on (or prior) to the previous Thursday.

MISSED APPOINTMENT CHARGE (MAC)

We charge a flat fee of $135 for all appointments that were not cancelled (or rescheduled) at least two business days in advance. Payment for a missed appointment needs to be made in full (by check or cash) prior to your next appointment. Missed appointment charges are not reimbursable by insurance companies -- you are solely responsible for payment of any MAC charges.

If there is no announced emergency, poor weather conditions (snow, rain, etc.) do not qualify as valid reasons for appointment cancellation; therefore such cancellations are subject to MAC.
In order to ensure continuity of your care, we reserve the right to discontinue services for patients who exhibit a pattern of frequent cancelations (even if such cancelations are made with adequate notice).

We advise our clients to book their appointments in advance in order to reserve time slots that work best for their schedule. In addition to increased convenience, such planning minimizes need for future schedule changes.

PHYSICAL THERAPY PAYMENT PROCEDURES

For physical therapy patients whose medical insurance pays for their visits:

1) If you are using your health insurance to pay for your physical therapy visits, check with your insurance what is your physical therapy benefit. Inquire if your plan mandates a referral from your doctor to access physical therapy services. Check if your plan has a deductible and what are your co-payments. It is not our responsibility to collect this information for you.

2) Obtaining referrals for your physical therapy services is your responsibility. You should obtain a referral prior to booking an initial evaluation, otherwise you may be responsible for the cost of your services (see 3).

3) It is also your responsibility to obtain any additional referrals that are required to extend your treatment. It is best to start organizing your referral extension at least one week prior to booking additional appointments, since most doctor offices need up to 7 business days to process referrals.

4) If you fail to obtain a referral from your insurance company, you are fully responsible for your physical therapy treatment costs, as determined by your medical insurance (the “denied” amount on insurance statement).

5) Co-payments and co-insurance amounts are due at each visit (the amount is specified on your insurance card).

6) Deductible amounts are due at the onset of treatment.

7) Some supplies or elements of treatment may not be covered by your insurance. We will inform you if this situation arises, so that you can decide if you want the non-covered services. All non-covered services are payable at the conclusion of your appointment.

8) As stated in 4) and 5), you are responsible for paying your insurance deductible, co-insurance and co-payment amounts. You are also responsible for any “uncovered amounts” or any denied charges or visits, regardless of the reason for denial. Payments for uncovered or denied services are due at the receipt of your insurance statement, regardless if you choose to engage in a process of appeal.

9) We will not get involved in any disputes / appeals with your medical insurance. Any appeals to your insurance company are your responsibility. If you successfully appeal a denial and your medical insurance will pay us at a later date, we will reimburse you for the payment you made to us as soon as we receive a check from your medical insurance.

10) You are responsible for paying all missed appointment charges as specified in the rules described in the Missed Appointment Charge paragraph.

11) Balances overdue by more than 30 days are subject to interest charges at a rate of 20% on an annual basis.

You are a valued client. We truly appreciate your cooperation and your attention to the policies above.

I have carefully reviewed the above policies, and with my signature I agree to follow the policies and procedures outlined above.

Patient name (print): __________________________________________

Patient signature: __________________________________ Date: ____________

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