



The PT Patient's Guide to Understanding Insurance

Insurance 101 for PT Patients

Alpha Osteopractic is not associated with any insurance companies and does not directly bill insurance companies. Even though, we do not work directly with insurances, we believe that it is incredibly important for patient to understand their insurance and their coverage. This document serves to provide some basic information about insurance coverage to help patients understand how coverage works. Alpha Osteopractic will provide a "SuperBill" (itemized receipt) that you can use to submit to your insurance for reimbursement.

Just because your insurance "covers" physical therapy does not mean that you won't have to pay anything out-of-pocket for your therapy visits. The fact that your insurance plan covers PT services—or any other services, for that matter—doesn't necessarily mean you're off the hook as far as payment goes. In many cases, you'll still have to pay a deductible, a coinsurance, and/or a copayment. Insurance plans and coverage can be complex and confusing. To better understand the terms of your plan, you first must understand the terminology. Here are a few common questions regarding insurance lingo:

What is a deductible?

This is the total amount you must pay out-of-pocket before your insurance starts to pay. For example, if your deductible is \$1,000, then your insurance won't pay anything until you have paid \$1,000 for services subject to the deductible (keep in mind that the deductible may not apply to every service you pay for). Furthermore, even after you've met your deductible, you may still owe a copay or coinsurance for each visit.

What is a copay?

This is a fixed amount that you must pay for a covered service, as defined by your health plan. Copays usually vary for different plans and types of services. Typically, you must pay this amount at the time of service. Again, copay amounts are fixed—which means you will always pay the same amount, regardless of visit length. In some cases, copayments count towards your deductible.

What is a coinsurance?

This type of out-of-pocket payment is calculated as a percentage of the total allowed amount for a particular service. In other words, it's your share of the total cost.

For example, let's say:

- The clinic billed \$295 for that date of service.
- The estimated allowable amount is \$185 -210.
- You've already met your deductible.
- You're responsible for a 20% coinsurance.

In this situation, you'd pay an estimate of \$36 to \$42 at the date of service. The insurance company would then pay the rest of the allowed amount for that visit. Keep in mind that the coinsurance amount may vary from visit to visit depending on what services you receive.



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What if I have a copay and a coinsurance?

This is common with several insurances and is often a point of confusion for patients. If an insurance policy requires a copayment and coinsurance, the copay and coinsurance are owed at the time of service. The coinsurance is calculated based on the remaining balance after the copay. For example, if a patient's total charges are \$200, a \$30 copay would reduce the balance to \$170. A 20% coinsurance of the remaining balance of \$170 would be \$34. In this scenario, the patient would owe \$30 + \$34 at each visit for a total of \$64 per visit.

***So, how much will I owe for each visit?**

If you have not yet met your deductible, you will pay the full allowable amount of the billed charges. This varies according to what treatments, etc are done during your visit (depending on the clinic, this could be anywhere from \$170 - \$300 per visit).

If you have met your deductible, then you will be responsible for the copay and/or co-insurance required by your specific insurance plan. Every insurance plan is different, you can use our insurance benefits sheet to help you get this information.

What if I have 2 insurances?

One insurance is the primary coverage and the other is your secondary coverage. Depending on the plan specifics, you may or may not have a deductible, co-pay, or co-insurance with each insurance plan. If you have a deductible with both plans, then you have to pay the full allowable amount for each visit until the deductible for each plan is met. It is important to ask questions about your specific plans to understand how the secondary insurance will cover.

A Few Handy Definitions:

Date of Service: The date of your visit.

CPT Code: The code denoting each service provided to you during your visit (e.g., manual therapy, therapeutic exercise, self-care instruction, aquatic therapy, etc.). You can request a list of these codes—along with their explanations—from your insurance company.

Billed Amount: This is the amount we billed the insurance company for that particular service. The billed amount may vary depending on the duration of the service, the facility in which the service was provided, or the state in which the facility is located.

Adjusted Amount: This amount is not a payment, but rather a write-off or “reduction.” It is based on the contract in place between your provider (us) and your insurance company. Neither you nor the insurance company pays this amount. The provider essentially writes it off (which is why it is sometimes called the provider’s responsibility).

Patient Responsibility: This column may be labeled “Deductible,” “Copay,” “Coinsurance,” or “Patient Pay.” It is the amount that you, the patient, are responsible for paying. If a secondary insurance is on file, we will forward this amount to that insurance for payment. Once we get the



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secondary EOB back, you will receive a bill for any outstanding balances in the patient responsibility column.

Insurance Paid: This is the amount the insurance company paid us for the services you received on that date of service.

A Couple of Notes

- Most insurance companies offer several different plans or subsidiaries. Thus, two patients with Blue Cross Blue Shield, for instance, may have completely different benefits, and therefore, completely different financial responsibilities. Some plans have no copays or deductibles; others may have a \$10,000 deductible. Furthermore, some providers may not accept all plans from a particular insurance. This is why it is crucial that you investigate the details of your specific plan.
- If your insurance offers an online patient portal, sign up for it! These resources typically enable you to:
 - check your benefits,
 - track your deductible,
 - see which providers in your area accept your particular plan,
 - track your claims, and
 - compare claims to your receipts from the doctor's office (if they don't match up, you can then follow up on any discrepancies).

Tips for Choosing an Insurance Plan

Whether you're shopping for your own insurance or going through the benefits selection process with your employer, choosing the right plan can seem like an overwhelming task. While we can't tell you which specific plan to choose, the following questions should help you with the selection process.

Questions to Ask Potential Insurance Carriers:

What is my premium? This is the monthly amount you pay for coverage. The lower it is, the higher your deductible will typically be. Plans with low premiums and high deductibles often are called "catastrophic" plans. Conversely, higher premium plans often feature lower deductibles, copays, and coinsurances.

What is my deductible, and what does it apply to? This is the total amount you must pay each year before your insurance begins to pay. For example, if your deductible is \$4,000, then you must pay \$4,000 toward deductible-applicable services before your insurance will pay anything. If your deductible applies to PT services at Vertex PT, then you may have to pay an estimated cost of anywhere from \$100 to \$120 per visit until you meet your deductible. Once you reach your deductible, your copay or coinsurance will apply.

What is my copay? High copays are another common drawback to low-premium plans. Remember, the copay applies even after you have met your deductible, and the copay for specialist visits—



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including PT visits—can be as high as \$80. So, if you anticipate a lot of office visits during this plan year, you will definitely want to factor the copay into your decision process.

What is my coinsurance? As previously noted in this document, coinsurance is another version of cost-sharing. So, you'll likely have to pay either a coinsurance or a copay. However, while copays are fixed amounts—and thus, are more predictable—coinsurances are percentages. Therefore, your financial responsibility varies based on how much your provider charges for the services rendered.

Are there any restrictions on the types of providers I can see? Some insurance plans (e.g., PPOs, HMOs, and EPOs) are limited to a certain network of providers. So, make sure you have a good selection of covered providers and facilities in your area. If you travel frequently or live in a rural area, you may want to choose a plan that has no network restrictions.

Do I have to get a referral to see a specialist? If your insurance plan requires you to obtain a referral before seeing a specialist (e.g., a physical therapist), and you fail to do so, the insurance company may deny coverage for services rendered. So, if you do not want to go through a primary care provider (e.g., your family physician) each time you want to see a specialist, make sure your plan does not require a referral (a.k.a. prescription) for specialist services.

How many visits of Physical Therapy am I allowed each year? Some plans place a limit on the number of covered visits per year (e.g., 20 visits), while others allow for unlimited visits. If you're athletic, have chronic joint pain, or anticipate needing a joint replacement in the near future, you may not want any restrictions on the number of rehabilitative visits allowed.

For Medicare secondary payers: Will this plan cover the entire 20% not covered by Medicare? Medicare only pays 80% of the cost of care, so many Medicare beneficiaries seek secondary insurances to pay the other 20%. However, even those plans often feature deductibles, copays, coinsurances, or visit limitations. Thus, we recommend posing all of the above-listed questions to any secondary insurances you are considering.

The Bottom Line:

Higher-premium plans are generally better for individuals who expect to receive medical care on a regular basis. Lower-premium plans will save those individuals money monthly, but those savings won't make up for the cost-sharing portion.

Why Alpha Osteopractic does not contract with insurance companies:

Quality Over Quantity:

When it comes to your well-being, compromise is off the table. Unlike insurance-driven clinics, at Alpha Osteopractic, we get to focus on you and deliver an unparalleled experience.

Those insurance giants that take your premiums every month, they also dictate the reimbursement rates in the medical world. So, they get to decide how much money you have to pay every month just to have "coverage", then they dictate how much you have to pay in a deductible, how much you have



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to pay in a co-pay or co-insurance, as well as how your provider gets paid. Along with those insurance giants being in charge of all of the rates, they also put down multiple regulations and rules about how to bill for Physical therapy and what is covered within physical therapy or not. Is your head spinning yet? All of the multiple, confusing layers of “insurance coverage” often leave you feeling clueless about the actual cost until months later, a surprise bills shows up in the mail with multiple lines of jargon and a large “DUE NOW” number at the bottom.

Physical therapy reimbursement from insurance companies is abysmally low, forcing clinics to juggle multiple clients simultaneously just to keep the lights on. But guess what suffers the most? YOU, my friend. How would you feel sharing your precious appointment time with a bunch of strangers? Your provider's attention gets divided, and you end up with less time and lackluster care. It's simply not possible to provide that same quality of care when therapists must bounce around between patients and have assistants or techs do the majority of the visit. Many therapists treating in these clinics get overwhelmed and burned out, further degrading the quality of care you receive.

Here at Alpha Osteopractic, YOU are the focus. We can give you 100% of our focused attention. This allows you to get better, faster. Who wants to spend multiple hours every week commuting to and from 2-3 visits per week for many weeks or even months? Not YOU! Instead, come to Alpha Osteopractic, get to the root cause quickly and receive effective, efficient treatment so you can spend less time in rehab and more time enjoying life.

Performance-Based Whole-Person Treatment:

Insurance companies tend to meddle in your treatment, limiting your therapist to addressing just one specific body part. Referrals (prescriptions) for physical therapy are done by Diagnosis codes. Many insurances will not allow a physical therapist to assess or treat a separate body part (i.e your shoulder is hurting but you were initially referred for your lower back). At Alpha Osteopractic, we understand that you are a whole person and that things change. So if you show up to an appointment and your shoulder is hurting, even though we started with treating your lower back, guess what, we WILL assess your shoulder and ensure that you get an overall treatment session to address all of your aches and pain. Let's take a holistic approach to your recovery and well-being. We can also dig deeper, exploring sleep, nutrition, stress management, and everything else that affects your overall health. We're not just treating body parts; we're treating the whole you.

Getting Exactly What you need and Only What you need:

Insurance companies have a whole rat's nest of rules, regulations and requirements when it comes to physical therapy treatment and billing. For an insurance-based physical therapist to bill for your treatment, they must code each minute of your session into “treatment codes”. They can only bill for certain things that took at least a certain # of minutes. So, potentially, you may really only need 4' minutes of that specific treatment, but they are required to do at least 8' or they won't get paid for it. . . Insurance-based therapists can't do too many different things, because some insurance companies limit the number of different codes allowed on any one visit, and some types of treatments are not covered at all. So, how do you know that the treatments you are receiving are truly designed to get you better, quickly, and not to maximize the payment from your insurance?

At Alpha Osteopractic, you the most important factor. You can know with complete confidence that the treatments you received are 100% designed to get you better and optimize your wellness as quickly as possible.



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Cost:

Now, here's a shocker! Going through insurance doesn't always mean it's the cheapest option. In fact, with our cash-based model, you can save big bucks in the long run. How, you ask? Well, since you're getting top-notch, one-on-one care from our dedicated therapist, you'll need fewer visits to achieve your goals. No more multiple weekly sessions for weeks on end. More time with your provider means better outcomes, fewer visits, and more value for your hard-earned cash. Plus, we're all about transparency. Unlike those in-network clinics playing hide-

Just consider this: Have you ever been to a physical therapist before, and they want you to come to PT 2-3 times per week for 8 to 12 weeks? That is potentially 36 hours of your life, not to mention the commute time for you to get there. That adds up! If you must take vacation time to go, that's almost an ENTIRE WEEK of your vacation time! Here at Alpha Osteopractic, we respect your time. None of that nonsense of multiple visits per week for many weeks. You will have an honest conversation with your Doctor of Physical Therapy after your comprehensive evaluation to decide on the best treatment plan for YOU. Many times, this will require 1 time per week for a few weeks. Depending on your condition and goals, we will devise a plan together to ensure optimal outcomes as quickly as possible. When you compare a co-pay or co-insurance over 36 visits to a flat rate over 4-6 visits, often times the actual monetary cost will be less as well as the significant value of your time. Now, don't get me wrong. We're not here to badmouth in-network physical therapy clinics. We simply want you to make an informed decision that's best for YOU. We want you to have all of the information needed to determine what is best for you. We are here to help and answer any questions you may have. Please feel free to reach out and ask!

So, are you ready to ELIMINATE PAIN and OPTIMIZE YOUR WELLNESS? Say goodbye to insurance drama and hello to a world where you come first. At Alpha Osteopractic, experience unparalleled service with top-notch care, undivided attention, and a real connection.