



evolution

PHYSICAL THERAPY + YOGA

### **Deductibles:**

A deductible is an amount of money that a patient is responsible for paying to providers before his/her insurance starts paying. (For example, a patient with a \$2500 deductible will pay each visit out of pocket until the \$2500 deductible has been met). Once the deductible has been met, the amount due per visit is based on the member's plan. A patient may be responsible for a portion (either a copay or co-insurance) of each visit if insurance does not cover the charges at 100%.

Patients meeting a deductible are responsible for paying the amount that his/her insurance plan covers per visit. The amount charged per visit is based on the contracted rate with your insurance company; therefore the charges may differ depending on what insurance covers. The amount due per visit varies, as we bill for services rendered and not the length of the appointment. Because the amount due varies, Evolution Physical Therapy estimates the amount due per visit which is due on the day of service. The exact amount due per visit is known once the visit has been billed and processed. Therefore, patients could be billed at a later date for portions of the charges which were not paid on the date of service.

Do you have a HRA?  YES  NO If so, who is your employer? \_\_\_\_\_

\*\*\* For further examination, patients can refer to the Explanation of Benefits (EOB) from their insurance company. Patients should receive an EOB from their insurance company for each date of service once the visit has been processed. An EOB should outline each billed procedure along with what is due from the patient and/or insurance company.

### **Copays & Co-insurances**

\*A copay is a flat fee which is due for each date of service and is always the same amount unless there has been a change in the member's policy.

\*A co-insurance is a percentage of the billed charges. (For example a member may be responsible for 25% of each visit while 75% is covered by the member's insurance company).

\*\*\*I have read this notice and agree to pay according to my insurance plan on the same day of service. I understand that when meeting a deductible or paying a co-insurance, Evolution Physical Therapy estimates the amount due. Therefore I may be billed for the balance at a later date.

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Patient or Guardian

Date



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Patient Name \_\_\_\_\_

Insurance \_\_\_\_\_

Effective date \_\_\_\_\_

**Co-pay:** \_\_\_\_\_ due per visit      \_\_\_\_\_ visits per year

**OR**

**Deductible amount:** \_\_\_\_\_ **Deductible met:** \_\_\_\_\_ as of \_\_\_/\_\_\_/\_\_\_

Once the Deductible has been satisfied, the patient pays a

**Co-insurance:** \_\_\_\_\_% of each visit

***For HRA only***

\_\_\_ Deductible payments will be paid directly through the patient's HRA, through his/her's employer, \_\_\_\_\_

Other Insurance Information:

\_\_\_\_\_  
\_\_\_\_\_

*\*\*\*I understand my insurance plan and agree to pay according to the terms described above.*

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date