Financial FAQs

1. Q: ***Do I need a doctor's referral/pre-authorization to come to your clinic?***

   A: Some insurance plans do require a doctor referral for physical therapy services. If this is a requirement and a referral is not obtained prior to your visit, insurance may deny coverage of services. The best way to determine if you need a doctor's referral is to call the number located on the back of your insurance card and speak directly to a customer representative at your insurance company about pre-visit requirements per your specific insurance plan.

2. Q: ***What is deductible and how does it work?***

   A: A medical insurance deductible is a set amount of money you must pay out of pocket for covered healthcare services before your insurance plan starts to cover any costs; essentially, it's the amount you need to pay before your insurance kicks in for the year, meaning you pay the full cost of medical services until you reach that deductible amount.

   How it works:

   Set amount: Your health insurance plan will specify a specific dollar amount as your deductible.

   Accumulating costs: Every time you receive a covered medical service, the cost is added towards your deductible.

   Reaching the deductible: Once you reach the total amount of your deductible, your insurance company will then start to cover a portion of your medical expenses, usually based on a coinsurance percentage.

3. Q: ***I paid in office; will I receive an additional bill?***

   A: You may receive an additional bill once your insurance claims have been processed if your deductible has not be satisfied for the year. If you are a self-pay patient you should not receive a bill.

4. Q: ***Do you have different payment options?***

   A: We accept cash, check, FSA or HSA as methods of payment. We also accept credit cards, however, there is a 3.9% surcharge fee to process payment via credit card.