

Explanation of Billing Page for True Therapy Consultants of Colorado LLC

Thank you for choosing True Therapy Consultants of Colorado LLC for your outpatient physical and occupational therapy needs. We strive to provide you with high-quality care while ensuring transparency and clarity regarding our billing practices. Below is important information regarding billing, insurance requirements, and when you can expect to receive a bill.

Insurance and Medicare Billing Requirements:

True Therapy Consultants of Colorado LLC accepts various payment options, including Medicare, private insurance, Medicaid, and cash services. We work closely with these payors to ensure compliance with their billing requirements and guidelines.

Billing Rates:

True Therapy Consultants of Colorado LLC, we bill each therapy treatment CPT code at \$55 per unit, and each evaluation code is billed at \$125. These charges have been carefully determined to align with industry standards and ensure affordable and competitive pricing for our patients. Our billing rates are in line with the recommendations provided by Fair Health Consumer, a reputable resource for healthcare cost information (<https://www.fairhealthconsumer.org>).

Private Pay Information:

Private Pay Services available for clients without insurance or for those that choose not to bill insurance, except for services covered by Medicare and Medicare Advantage Plans. We are required to bill Medicare for services that are skilled and medically necessary. Medicare Advantage plan requirements depend on the type of plan. Private Pay Services are available to Medicare beneficiaries if the service provided is no longer skilled and medically necessary. A Prompt Pay Discount is available for Private Pay clients that pay at time of invoice. The Prompt Pay Discount is based on the Medicare Fee Schedule. Private pay clients will be provided with a good faith estimate.

Prompt Pay Discount:

For our cash pay clients, we offer a prompt pay discount. If payment is received within 15 days of receiving the statement, you are eligible for a discount of 67% off the total charges. This discount is designed to make our services more accessible and affordable for cash pay clients.

Estimated Costs after Prompt Pay Discount:

Estimated Cost of Private Pay Initial Evaluation: \$150 (1 unit evaluation/2 unit treatment)

Estimated Cost of 1 hour Private Pay Treatment Session: \$150

Estimated Cost of 45 min. Private Pay Treatment Session: \$110

Insurance Claims and Billing Timeline:

Insurance claims are billed on a weekly basis to your insurance carrier. The processing time for these claims typically ranges from 30 to 60 days. However, please note that additional processing time may be required if your insurance carrier requests further information or denies the initial claim. In such cases, an appeal process may be initiated, which could further delay your billing.

Receipt of Billing Statements:

You will receive a bill if there is a balance remaining after your insurance company has paid for the covered services. Billing statements are generated once insurance has processed the claims and determined the patient's responsibility. For insured patients, statements are generated after insurance processing. For uninsured patients, statements are generated as soon as the charges are billed to your account during your normal billing cycle. The status of your account will be clearly indicated on each statement.

Understanding Billing Amounts:

Please be aware that the prices listed on the billing statements are the amounts billed to your insurer. However, the actual amount you are required to pay out-of-pocket may vary. Providers are often reimbursed at rates lower than the charges. Commercial insurance patients may have negotiated rates, while Medicare and Medicaid patients have reimbursement rates determined by federal and state governments.

Reasons for Delayed Billing:

If you receive a bill several weeks or months after the services were provided, it is because we process and send billing statements after payment is received from the insurance carrier. The time required for this process depends on how long it takes to receive a response from your insurance carrier. Additionally, if your insurance carrier denies the initial claim, we may initiate an appeal to secure payment for the services provided, which can further delay your billing.

Understanding Your Insurance Coverage:

It is essential to familiarize yourself with the coverage, co-insurance and co-pay requirements of your specific insurance plan. We cannot predict which services will be covered by individual health plans. Some plans may limit payments to "usual, customary, and reasonable payment." To obtain coverage information, please consult your employer, insurance agent, or refer to the details provided by your insurance plan. For Medicare beneficiaries, you can find information on Medicare benefits at your local Social Security office or online at <https://www.medicare.gov/>.

Pre-Certification and Prior Authorization:

Many health plans require pre-certification and sometimes predetermination of medical necessity before care is rendered. Additionally, certain services may not be covered benefits under some insurance plans. Investigating coverage requirements and limitations can take time. It is the patient's responsibility to understand the pre-certification requirements of their health plan. We recommend contacting your insurance company to determine the benefits and coverage specific

to your plan.

We hope this explanation of our billing practices provides you with the necessary information. If you have any further questions or concerns, please feel free to contact us.