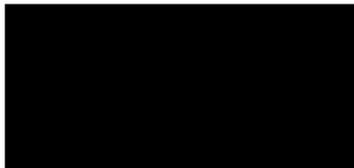


How to read your statement:

Sometimes the statement that is sent in the mail can be confusing. Here we try to point out some of the ways that you can identify exactly what is being charged, paid by insurance, and what is the patients responsibility.

First, we will look at a Date Of Service (DOS), which just means a session that you had with the PT. We will cover what was charged total for this DOS and then breakdown how it is paid out.



SPORT AND SPINE PHYSICAL THERAPY
 775 LAFAYETTE RD
 STE 9
 PORTSMOUTH, NH 03801-5434

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Messages
 PROMPT PAYMENTS ARE ALWAYS APPRECIATED!
 For statement questions, call between [8am to 8pm EST]

Date	Procedure	Patient / Provider	Amount			
09/22/2020	PT EVAL LOW COMPLEX 20 MIN	[REDACTED] / MCGINNIS	\$179.00			
10/18/2020	WRITE OFF - INSURANCE		(\$95.49)			
10/18/2020	PAYMENT - INSURANCE		\$0.00			
	<i>Deductible Amount</i>					
	Insurance Pending: \$0.00	Patient Balance: \$83.51				
09/22/2020	THERAPEUTIC EXERCISES	[REDACTED] / MCGINNIS	\$64.00			
10/18/2020	WRITE OFF - INSURANCE		(\$30.47)			
10/18/2020	PAYMENT - INSURANCE		(\$8.43)			
	<i>Coinsurance Amount</i>					
	Insurance Pending: \$0.00	Patient Balance: \$25.10				
09/24/2020	NEUROMUSCULAR REEDUCATION	[REDACTED] / IBEY	\$74.00			
10/18/2020	WRITE OFF - INSURANCE		(\$39.27)			
10/18/2020	PAYMENT - INSURANCE		(\$20.84)			
	<i>Coinsurance Amount</i>					
	Insurance Pending: \$0.00	Patient Balance: \$13.89				
09/24/2020	THERAPEUTIC EXERCISES	[REDACTED] / IBEY	\$64.00			
10/18/2020	WRITE OFF - INSURANCE		(\$30.47)			
	Current	30 Day	60 Day	90 Day	120 Day	Total Balance
Insurance:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family:	\$187.99	\$0.00	\$0.00	\$0.00	\$0.00	\$187.99
						Unapplied: \$0.00
						Payment Due: \$187.99

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Responsible Party	Statement Date	Account #
[REDACTED]	October 19, 2020	[REDACTED]

The circled amounts are what is being charged total for the two activities that were performed for the DOS of **9/22/2020** seen as the bolded date all the way to the left of the statement under Date. The other dates seen (10/18/2020) listed under the bolded date are when your insurance company adjudicated the claim and applied the dollar amounts to the appropriate parties. We have no control over how they distribute this. We only have control over trying to rebill a denial for the service. So, if there is a discrepancy on these service statements the best thing to do first is call your insurance and inquire about them.

The PT evaluation is what every patient receives when they have a new ailment they are being seen for. It will be your first visit. The charged amount for this was \$179.00.

Therapeutic exercise covers any exercise completed which would fall under this code. The charge for that is \$64.00 per 15-minute unit.

Units: All codes (procedures) are billed in 15-minute units. This means that if you see Therapeutic exercise on one statement and it has a charge of \$64.00 it was performed for one unit. If on that same statement but a different date or on another statement you see the same service and it was charged for \$128.00 that means it was conducted longer than one 15-minute unit and was billed for 2 units.

When the two codes are added together the total charged amount for this DOS is \$243.00. This is not what you pay. Next, we will look at how your insurance company breaks down this amount and distributes the money according to your benefits. Again, we do not have control over this, it is a result of your agreement with your insurance.

Second, we will look at the responsible parties for payment and how the insurance divides this up. This example shows a patient that has not reached their deductible yet and has a co-insurance of 40%. If you have a co-pay it will just replace the co-insurance in the billing statement. Your co-insurance percentage (whatever your specific percentage is) will be used to pay a portion of the charged amount.



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	Deductible Amount					
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10/18/2020	PAYMENT - INSURANCE		(\$8.43)			
	Coinsurance Amount					
	Insurance Pending: \$0.00	Patient Balance: \$25.10				
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	Coinsurance Amount					
	Insurance Pending: \$0.00	Patient Balance: \$13.89				
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10/18/2020	WRITE OFF - INSURANCE		(\$30.47)			
	Current	30 Day	60 Day	90 Day	120 Day	Total Balance
Insurance:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family:	\$187.99	\$0.00	\$0.00	\$0.00	\$0.00	\$187.99
					Unapplied:	\$0.00
					Payment Due:	\$187.99

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Responsible Party	Statement Date	Account #
[REDACTED]	[REDACTED]	[REDACTED]

The black square is what the insurance writes off. This write off is to stay within contractual obligations. For the first code the insurance wrote off \$95.49 of that charged amount. Staying with the first code look at the red star. This is what they applied as a patient responsibility since the patient has not reached their deductible. If the write off \$95.49 and the deductible responsibility of \$83.51 are added together this brings you to the charged amount of \$179.00. Again, we are not responsible for what the insurance applies to your deductible this is an agreed upon amount according to your benefits with them.

Looking at the second code for this DOS we see another write off, but the insurance also paid a portion of the code. This is in the black oval, the amount they paid was \$8.43. They then applied the co-insurance of 40% (red star, second code) to the charged amount of 64.00 which equals \$25.60 (you will see that only \$25.10 was charged to the patient, that is because it is within the limit of the 40% co-

insurance and equals the proper charged amount when added to the insurance paid and write off portion. When it comes to co-insurance it will not always be to the exact penny owed). If the three amounts are added together, write off \$30.47, insurance paid \$8.43, and the patient responsibility of the co-insurance \$25.10 it equals the charged amount of \$64.00.

When these two sums of money from the patient responsibility portion are added together it equals \$108.61. Your insurance will determine this amount according to your benefits with them. This amount is applied to the patient balance until paid either through the Sport & Spine Physical Therapy patient portal or in person via check, cash, or credit card. The payment due seen at the bottom of this statement also includes other DOS (which is denoted by the next bolded date) any added DOS on statements are broken down this exact same way. It is important to look at those bolded dates to understand which dates of service had which charges and to determine how many DOS are on the statement you received.