



TOTAL BALANCE THERAPY
PHYSICAL THERAPY, PELVIC HEALTH, PILATES

FINANCIAL POLICY & INSURANCE RESPONSIBILITIES

Victoria Campbell, PT, DPT and Total Balance Therapy, PLLC is an in-network provider for Medicare, TennCare, and Blue Cross Blue Shield of TN. Physical therapy sessions are billed based on ICD-10 codes and CPT units and reimbursed based on the contracted payor fee schedule.

Victoria Campbell, PT, DPT and Total Balance Therapy, PLLC is an out-of-network provider for private insurance companies not listed above. By not having a preferred provider/contracted status with most insurance companies, the therapist does not have to limit the time or quality of treatment provided secondary to insurance company restrictions or elevate clinic cash-pay rates to pay for billing services.

For out-of-network patients:

Prior to your first scheduled appointment, please call your insurance company to completely understand your physical therapy benefits. You may complete the Insurance Benefits Worksheet (on the website) to help you ask the insurance company the right questions about your physical therapy benefits. At the time of service and payment, you may receive a written statement which you can submit to your insurance company for their consideration of reimbursement to you. Total Balance Therapy will be happy to provide chart notes or other documentation at your (or your insurance company's) request. The amount of reimbursement you receive will vary according to the terms of your insurance policy. Some companies may reimburse you at 80%, some at 60%, some at 40%, and some may not reimburse you at all. Total Balance Therapy cannot make guarantees or estimates regarding what reimbursement your plan allows.

Rates are based on time spent with you and the treatments performed during your appointment. The rates for cash-pay / out-of-network services are as follows:

\$ 120.00 for Initial Evaluation (60 min)

\$ 100.00 for Follow-Up visits (60 min)

I agree to pay for my treatments or co-payment/co-insurance at time of service, by cash, check, or credit card unless other mutually agreed upon arrangements have been made.

I understand the financial policy of Total Balance Therapy. If my private insurance company is not in network with Total Balance Therapy, I understand that it is my responsibility to call my insurance company ahead of time, and obtain any pre-authorization that is necessary, and get an estimate of my benefits. I understand my therapist will provide me with a receipt and that it is my responsibility to submit to my insurance company.

I have reviewed and agree to the financial policy.

Patient Printed Name

Guardian Signature (if applicable)

Patient Signature

Date