



Payment Policy for Medicare Patients

- Physical Therapy Direct is contracted with Medicare Part B to provide in home and telehealth physical therapy services. We will bill Medicare and receive payments from Medicare for all services. Medicare is responsible for 80% of the billed charges after your yearly Medicare deductible has been met.
- Physical Therapy Direct is **NOT** contracted with any secondary insurances. This means that you may be responsible for the 20% of the approved charges not covered by Medicare. Most secondary insurances will pay an out of network provider the 20% Medicare does not cover, some will not unless you are an in-network provider. If you are required to pay the secondary amount, the exact amount will depend on services billed by Physical Therapy Direct. However, typical amount for 20% of the approved charges is \$20 a visit.
- If your secondary insurance does not pick up the 20%, you will then be billed for the remaining 20% of approved charges after denial comes from your secondary insurance. Physical Therapy Direct will send you an invoice at that time.
- Physical Therapy Direct does have a missed appointment fee policy. We reserve a very valuable spot for you on our schedule. In an instance of a cancellation without 24 hours notice, a \$50 fee for your scheduled visit may be applied. We will email you the missed appointment fee invoice and the fee will need to be paid before we may resume your care.

I have read and understand these payment policies of Physical Therapy Direct:

Patient/Guardian Signature

Date