



INSURANCE REIMBURSEMENT INFORMATION

One of the advantages of choosing ESO for your therapy is that we eliminate the amount of paperwork that you have to complete...we will file insurance claims for you. Each and every insurance plan varies in the amounts and type of medical coverage offered. It is between you and your insurance company to understand your benefits. Prior to receiving rehabilitation services we will verify your coverage with your insurance carrier, however it is to your advantage to understand your plan and be aware of any limitations. ***If your insurance company does not cover our services in full, you are responsible for the remaining amount(s) due.*** If you have any questions, we'd be happy to assist you.

MEDICARE PATIENTS

Medicare Part B will pay 80% of eligible fees after your deductible. Medicare has a \$100 annual deductible (this may have been met with another doctor seen prior to us). You are responsible for your \$100 deductible and 20% of the eligible fee. Effective January 1, 2008 – *Depending on the diagnosis*, Medicare will not pay for physical therapy and speech language pathology services over \$1810.00. According to the Medicare legislations, the \$1810.00 cap is a per beneficiary annual cap. It does not apply per diagnosis nor per provider. It is vital for you to inform our office of any prior physical therapy visits you may have had in the past or are currently attending. Please note, that Medicare will pay 80% of the \$1810.00 cap or \$1448.00 (after the \$100.00 deductible is met).

CROSS-OVER: If you have any insurance in addition to Medicare, your claim may automatically “cross-over” to your secondary insurance which may cover all or part of the 20% co-payment. *This service is available if you have notified Medicare of your secondary insurance information.*

HMSA 65C AND 65C+ PATIENTS

HMSA 65C and 65C+ plans generally pay 100% of the eligible fee minus co-pay. Effective January 1, 2008, HMSA 65C+ coverage codes 401 and 402 have a \$15 co-pay and coverage codes 403 and 404 have a \$17 co-pay. Because these plans follow Medicare guidelines, the Medicare cap instituted January 1, 2006 may apply.

HMSA PATIENTS

HMSA allows a limited number of physical therapy visits based on your diagnosis. This is per injury without the need for prior authorization. If your condition requires additional visits, our staff will attempt to obtain the authorization for continued treatments. However, HMSA has claimed that they will not extend any treatments past the limited amount effective January 1, 2004. It is vital for you to inform our office of any prior physical therapy visits you may have had in the past or are currently attending. This information is necessary so we can follow up on pre-authorizations needed for you to continue therapy. You are responsible for your

annual deductible and amounts not covered by HMSA. Annual deductibles and percentages paid by HMSA after your deductible vary from plan to plan. Although you may have met your deductible while seeing another provider, many HMSA plans have a separate deductible for physical therapy (major medical benefit).

WORKMANS' COMPENSATION / NO FAULT:

Generally, approved coverage for treatment will be at 100% of the eligible fee. In some cases where litigation is involved, there may be documents that need to be forwarded to ESO by your legal counsel as reimbursement for treatment service that could be deferred. Please check with ESO and your adjustor regarding the latter.

RE-CONDITIONING AND "BEYOND RX":

ESO programs that are post prescription include reconditioning, which is a continuum of therapeutic exercise to provide improved overall fitness and maintenance. Should you receive a prescription from your physician for reconditioning your insurance coverage should remain in effect. As for continuing therapeutic exercise and maintenance after being discharged from therapy, the patient has the option to continue in a monitored and supervised exercise program through Beyond Rx. The cost is a per session fee with no contractual obligations paid by the patient. Please call the ESO office at 674-9595 for more information.

APPOINTMENT CANCELLATIONS OR RESCHEDULING

Because our therapists dedicate time just for you, please notify your therapist or our office staff at least 24 hours in advance if you are unable to attend a scheduled therapy session. If unexpected circumstances arise, please contact us as soon as possible to allow our therapists time to adjust their schedule. Your cooperation in this matter is sincerely appreciated. A \$15.00 charge will be assessed if 24 hours advance notice of cancellation is not given. Excessive cancellation and no-show appointments may require a return to your physician for an updated prescription.

Mahalo,

Elam Sports O`ahu™ Administrative TEAM