

# Insurance and Patient Responsibility

## Commercial Insurances:

Pace Physical Therapy accepts PPO plans and operates solely as an out-of-network provider.

We do not accept assignment of benefits from insurance companies. Patients are responsible for paying the full balance of the visit at the time of service.

As a courtesy, we will verify insurance coverage for all patients and we will also bill your insurance company in your behalf. The insurance companies will issue any payments directly to you.

The verification we receive from your insurance company is not a guarantee of benefits. We strongly recommend that you verify your own benefits with your insurance company prior to initiating physical therapy, and report any discrepancies with the coverage quoted.

Please contact your insurance company by calling the number on the back of your insurance card, or login to your specific insurance's patient portal, to track the status of your claims, and to obtain information regarding your insurance benefits and payment status.

## Medicare:

Pace Physical Therapy accepts Medicare as a Non-Participant Provider, and does not accept assignment of benefits from Medicare. Patients are responsible for paying the full balance of the visit at the time of service, in accordance with Medicare regulations.

We will bill Medicare in your behalf. Medicare will issue any payments directly to the beneficiary (you).

For more information, please call **Medicare Contact Center Operations** at 1-800-MEDICARE (1-800-633-4227), or go to <http://www.medicare.gov/your-medicare-costs/part-a-costs/assignment/costs-and-assignment.html>

Medicare processes most claims within 30 days of receipt; however, if they need additional information from you or your provider, it may take longer.

To check the status of a claim at any time, please call **Medicare Contact Center Operations at 1-800-633-4227 (1-800-MEDICARE)** or login to **[mymedicare.gov](http://mymedicare.gov)**

