

Insurance and Physical Therapy Benefits

This page is intended to help you understand your physical therapy benefits. These are general terms and explanations not intended to guarantee coverage or benefits. For specific eligibility and coverage details of your plan, please contact your insurance company directly.

As a courtesy, our billing manager, Denise, will verify your insurance benefits prior to your visit. For questions regarding your benefits or our billing practices, please call her at (425) 691-8193 or email at businesshealth@gmail.com.

In-Network Insurance Companies

- *Aetna
- *Blue Cross/Blue Shield
- *Cigna
- *First Choice Network
- *Lifewise
- *Medicare
- *Premera
- *Regence
- *Uniform
- *All Motor Vehicle P.I.P. Insurance (such as Allstate, Farmers, Safeco, Geico, etc.)
- *Washington State L&I (in addition to private worker's compensation such as Broadspire, etc.)

Out-of-Network Insurance Companies

- *Optum Health Network
- *Pacific Care
- *Secure Horizons
- *United Healthcare

We will bill other insurance plans as well. Some plans do allow members to receive treatment from out-of-network providers. It is important to verify if you have out-of-network benefits or call us to help with verification.

General Terms and Explanations Regarding Physical Therapy Benefits

Deductible: This is an out-of-pocket amount that must be paid by you each year before your benefits will kick in. Please note that some insurance plans do not apply the deductible to physical therapy benefits.

Plan Year: This is the designated year for your plan. It could be a calendar or fiscal year. Benefits are processed based on this timeline.

Co-Pay: This is a set out-of-pocket fee to be paid to your provider at the time of service. This amount is not affected by a deductible.

Co-Insurance: After your deductible is met, you may have a co-insurance due. This is a percent owed by you. For example, if your co-insurance is 20% this means insurance will pay 80% and you will owe 20%. We typically bill you for this amount after the insurance claim is processed.

Allowable Amount: This amount may differ from the provider's charged amount. The allowable amount is the amount the insurance company has determined for each procedure or supply. When an insurance claim is processed, they base their payment on the allowable amount rather than the charged amount. If the provider is contracted (in-network) with the insurance company, the difference must be written off. For example, an in-network provider charges \$100 for a procedure, the insurance allowed amount is \$80, and the patient's plan pays 80%. The insurance will pay 80% of \$80 (\$64), the patient will be responsible for 20% of \$80 (\$16) and the provider must write off the difference (\$20). In this same example for an out-of-network provider, the patient responsibility will be \$36 and the provider does not write anything off.

Preferred Provider: The name insurance companies call providers who have applied for and have been approved for credentialing.

In-Network Provider: The provider is considered a preferred provider and is contracted with the insurance company. The provider has agreed to their fees, among other regulations.

Out-of-Network Provider: The provider is not contracted with the insurance company. Some insurance plans will allow out-of-network benefits, but the patient will have a higher out-of-pocket expense. If a plan does not allow for out-of-network benefits, all charges will be out-of-pocket.

Out-of-pocket Expenses: This general term refers to any expenses that are unpaid by your insurance company including deductibles, co-pays, co-insurance and non-covered treatment or supplies.

Explanation of Benefits (EOB): Each time your insurance company processes a claim, you will receive an identical explanation of benefits detailing the charges and benefit levels they send us. We use this EOB when applying payments and write-offs to your account. Bills from our office will match the EOB, so you may use yours as a reference if you do receive a bill from us.

PIP and L&I/Worker's Comp

PIP is the personal injury protection for auto insurance plans. L&I and other worker's compensation plans are insurance for work related injuries. The process for submitting claims is different than with medical insurance. You must provide us with the name of the insurance plan, claim number, and adjuster's name and phone number. For auto claims, we will need the name of your attorney, also. Most PIP and worker's comp claims will remain open until you have reached the maximum dollar limit, you are no longer affected by your injury or your claim is closed.

We are happy to help you with any questions you may have. Please contact us at:

For appointments: Nancy Lehman, PT (425) 392-8335 or info@squakmountainpt.com

For billing Denise Hisey (425) 691-8193 or businesshealth@gmail.com