

## Therapy Agreement

## Edmonds & Associates, LLC

We will submit bills for payment for our services to any third-party agents involved with your medical condition. This includes Workman's Compensation, Auto insurance or Health insurance. These contracts and agents, however, vary greatly and coverage is not often clear until after a claim is filed. The contract is between you and your insurance company. We file claims on your behalf. We need your participation with the process as you are the covered party in the contract with the insurance or third-party carrier. Please check and follow-up with your insurance company to see if they are covering your care and report to our team with any required information.

Some insurances may have a time limit or dollar limit that can stop the coverage in the middle of the treatment course and report that your benefits are exhausted. If we are aware of this, we can help you decide on a treatment plan that will be paid by you directly.

If we are submitting any visit to your Auto insurance, it is your responsibility to give us your claim number, policy number, adjuster's name and phone number BEFORE your visit, otherwise you may become responsible for the visit.

If we are submitting through Workman's compensation, it is your responsibility to give us all pertinent information related to your case required for us to bill for the service appropriately. This information includes claim number, insurance company name and address as well as a contact name and number. This is required at the time of the first visit.

Your coverage will depend on your insurance company or the third-party agency as well as your specific policy. We can NOT guarantee that your services will be paid in full by your carrier. You should check with your company and stay current with your balance.

If your insurance carrier requires an insurance referral to see a specialist, please obtain it from your primary physician. It is required prior to your visit. We will accept insurance payments for any services that are covered by your carrier. **However, services that are not covered will ultimately fall back to you for payment. You are also responsible for any deductibles and copayments.** If you have a specialist co-payment, it will be collected at the time of the visit. Balances are due upon receipt of bill.

The evaluation normally consists of the following codes:

**99243** Office consultation

**92060** Sensorimotor Exam

**92015** Refraction

The therapies normally consist of the following codes:

**99212, 99213, 99214** Medical Office Services

**92065** Orthoptic Training OR

**97530-GP** Therapeutic Activities for Medicare patients

**I acknowledge that this agreement has been explained to me and that I have had the opportunity to ask questions about the agreement and services provided. I agree to pay for services transferred to me from my insurance company and any co insurance, deductibles, and non-covered services.**

Responsible party (parent if minor) \_\_\_\_\_

Date \_\_\_\_\_