

# PEDIATRIC THERAPY ASSOCIATES

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## IMPORTANT INFORMATION CONCERNING YOUR INSURANCE BENEFITS

The administrative staff at Pediatric Therapy Associates wants to be sure you have a clear understanding of your insurance benefits. Therefore, we have verified your benefits for you before your initial appointment so that you will know your co-pay or coinsurance, any deductibles that may apply, the number of visits allowed on your plan and whether or not your plan requires referral or authorization from your primary care physician. We would like to reiterate that this *does not guarantee* that your insurance will cover the services you are receiving at Pediatric Therapy Associates. Your insurance company will determine if these charges will be covered when they receive an insurance claim from Pediatric Therapy Associates which includes the procedure that took place in our office as well as the diagnosis. Please be sure to review the Explanation of Benefits you receive from your insurance company which will tell you if they are covering these services or not.

It is always a good policy for you to verify your insurance benefits also. This ensures that we are both given the same benefit information and you will become familiar with your insurance plan.

**Pediatric Therapy provides the service of filing your insurance claims. However, if payment has not been received from your insurance carrier by the 6<sup>th</sup> visit, or if they are asking for medical records or any other type of delay, you will be asked to begin paying in full for future services rendered. If the insurance company begins to pay on the account, we will promptly refund the dates of service you have paid.**

## THE APPEALS PROCESS

If you exhaust your insurance benefits or if your insurance company has denied your charges with Pediatric Therapy Associates, your insurance company may request that you go through an Appeals Process. While we want to be of help to you, it is the responsibility of the policy holder to initiate this process. We will be glad to furnish you with our standard reports such as evaluations, progress notes and semi-annual reviews for you to submit to your insurance company. (If additional reports or letters are requested, there will be an additional charge—see handbook for fees). You will be responsible for gathering the requested information, sending it to your insurance company and following up with them concerning their response to your request.

During this time of the appeal, you may continue to receive services at Pediatric Therapy Associates but will have to pay in full for services rendered. If you choose not to continue services, your appointment slot can not be held while waiting for a response from the insurance company.

**If you have any questions concerning this information, please feel free to speak to our administrative staff.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date