

BeneFIT

Physical Therapy

BRIDGEWATER NJ 908.203.5200
CHESTER NJ 908.879.5700
BENEFITPT.COM

Patient Name: _____ Date: _____

BeneFIT Physical Therapy LLC will be submitting charges for your rendered services to the insurance carrier you have provided our office. As a result, you will be receiving an “Explanation of Benefits” (EOB) statement from your insurance company. **An “Explanation of Benefits” is not a bill from BeneFIT Physical Therapy.** It is a statement from your insurance carrier informing you of the charges submitted on your behalf and how the charges were processed. There are many insurance carriers that will not supply the provider detailed claim status; they will only speak to the insurance carrier member or the patient. Consequently, it becomes the patient’s responsibility to work closely with the provider to obtain reimbursement for services rendered. This will ensure that you will not be billed for charges that should have been paid by your insurance carrier.

BeneFIT Physical Therapy asks that if you receive an “EOB” from your insurance company for any of the following reasons please proceed as follows:

1. **An “EOB” with a check attached for services rendered at a BeneFIT Physical Therapy clinic.**
 - **Endorse** (sign) the back of the check
 - Make a **copy** of the “EOB” and the check
 - **Send the original check and the “EOB”** to BeneFIT Physical Therapy, Bridgewater, NJ 08807 or you can bring the original check and the “EOB” to either of our BeneFIT Physical Therapy clinics and an Office Staff member will make you a copy.

2. **An “EOB” denying submitted charges:**
 - Call the Bridgewater BeneFIT Physical Therapy Office 908.203.5200 to speak with an office staff member and fax the “EOB” to 908.203.5214 or you can bring the “EOB” to either BeneFIT Physical Therapy clinic and an office staff member will forward the “EOB” to the billing department on your behalf.

3. **An “EOB” requesting medical records or a letter of medical necessity:**
 - Call the Bridgewater BeneFIT Physical Therapy Office 908.203.5200 to speak with an office staff member and fax the “EOB” to 908.203.5214 or you can bring the “EOB” to either BeneFIT Physical Therapy clinic and an office staff member will forward the “EOB” to the billing department on your behalf.

Please sign and date this form confirming you have been informed of BeneFIT Physical Therapy’s policy regarding insurance carrier claims processing and your account resolution.

Please refer all of your billing questions to the BeneFIT Physical Therapy Billing Department and speak to an Account Representative, in order to resolve any account issue that may arise. We thank you for your cooperation and efforts in working with us.

_____ Initial here to acknowledge that you have read and fully understand this policy

Patient Signature: _____ Date: _____
(Parent or Guardian if patient is a Minor)

Witness: _____ Date: _____