

# The Billing Process: Your Costs

**VISIT**

\*SelfPay rates are provided to patients who are not using Insurance Benefits. Must be paid at the time of service

**CHARGES**

R2P will file insurance claims with charges on your behalf. Charges are based on Services Rendered (CPT codes) at each visit. NOT amount paid by you.

**INSURANCE**

Your insurance will adjust the amount depending on your plan & contract with R2P. Any balance not paid/adjusted by your insurance company becomes your patient responsibility.

**PATIENT RESPONSIBILITY**

Through an explanation of benefits (EOB), the patient and R2P are notified about the portion of the claim that will be paid by the patient.

**DEDUCTIBLE NOT YET MET**

OR

**DEDUCTIBLE MET**

**\$50 PER VISIT & MONTHLY STATEMENT**

A \$50 Pre-Payment towards your deductible is collected at each visit and you will be billed any remaining balance.

**COPAY OR CO-INSURANCE**

A Predetermined Rate or Percentage you are responsible for based on your specific Health Insurance.

# Understanding a Deductible Plan

**FOR EXAMPLE:** You have a \$2000 deductible that must be met before your Insurance covers 100%. We normally collect \$50 per visit as a Pre-Payment towards your deductible to offset a large bill at the end of the month (or service).

## Initial Evaluation

### Visit #1

- You paid \$50 at the visit
- After Charges have been adjusted by Insurance, Patient responsibility is \$120\* for that visit (an example).
- \$70 still owed for visit

## Follow Up Appointment

### Visit #2

- You paid \$50 at the visit
- After Charges have been adjusted by Insurance, Patient responsibility is \$75\* for that visit (an example).
- \$25 still owed for visit

## Follow Up Appointment

### Visit #3

- You paid \$50 at the visit
- After Charges have been adjusted by Insurance, Patient responsibility is \$70\* for that visit (an example).
- \$20 still owed for visit

**\*Please note the cost of each visit may differ depending on the services, treatment or activities provided at the visit.** Your first visit, the Initial Evaluation, will most likely be more expensive due to the complexity of the examination.

Date of Service	Charges After Insurance Adjustment	Initial Patient Payment	Remaining Balance Due
Visit #1	\$120	\$50	\$70
Visit #2	\$75	\$50	\$25
Visit #3	\$70	\$50	\$20
	<b>\$265 TOTAL CHARGES</b>	<b>\$150 Pre-Paid</b>	<b>\$115 Due</b>
<b>\$115 would be billed at the End of the Month</b>			

**For More Information Please Visit  
Rehab2Perform.com/Billing**



# Explanation of Your Statement

Please find below an example of our monthly statement you will receive each month until your balance is paid in full. It shows the charges for services rendered, the amount your insurance company has paid, patient payments made in the past 30 days, any amount still under consideration by your insurance company, and the amount you should pay now. A glossary of terms appears on the next page.

Unique Patient ID/Account #

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway  
Suite B  
Germantown, MD 20876

PATIENT'S NAME		ACCOUNT NUMBER 83E3457447
PG#	AMOUNT DUE	STATEMENT DATE
1	\$54.64	7/5/2019
QUESTIONS ABOUT YOUR BILL? PLEASE CALL: (301) 798-4838		Office Hours Monday - Friday 8AM-5PM

## ALL CHARGES

SVC or PMT DATE	PROVIDER	PLACE OF SERVICE	CHARGES	PAYMENT/ADJUST	PATIENT BALANCE
06/18/2019	Baker	MT Airy	489.00	-463.16	25.84
06/21/2019	Baker	MT Airy	281.00	-268.28	12.72
06/26/2019	Baker	Frederick	374.00	-357.92	16.08
06/28/2019	Baker	MT Airy	374.00	0.00	0.00

**Charges sent to your Insurance before adjusted**

ACCOUNT SUMMARY  
Patient Payments Log for the Last 12 Months:

05/20/2019	CREDIT CARD	\$20.95
04/10/2019	CHECK PAYMENT	\$50.00
03/21/2019	CHECK PAYMENT	\$70.56
02/14/2019	CHECK PAYMENT	\$50.00

\* Payments, Adjustments and transfers reflect activity for June 2019  
\* THE AMOUNT DUE IS AMOUNT INDICATED ON THE LAST PAGE OF THIS STATEMENT. PLEASE ONLY PAY THE AMOUNT INDICATED ON THIS PAGE.

**Insurance Payment per Patient Benefits**      **Payments made towards these Dates of Service**      **Open Claims with Your Insurance**

Charges	Ins. Payments	Pat. Payments	Adjustments	Balance	Total Balance	Claims In Process	Total Due From Patient
\$1518.00	\$218.54	\$0.00	\$870.82	\$428.64	\$428.64	\$374.00	\$54.64

For Billing Questions: Please send an email to: [Billing@Rehab2perform.com](mailto:Billing@Rehab2perform.com)

**ONLINE PAYMENTS AVAILABLE AT [REHAB2PERFORM.COM/BILLING](http://REHAB2PERFORM.COM/BILLING)**

THE AMOUNT SHOWN IN THE CLAIMS IN PROCESS BOX IS THE AMOUNT OF CHARGES STILL PENDING FROM YOUR INSURANCE

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

ADDRESS INCORRECT? MOVING? PLEASE SEE REVERSE SIDE

MAILED FROM:

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway  
Suite B  
Germantown, MD 20876

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
CARD NUMBER	
SIGNATURE	EXP. DATE
PATIENT NAME	ACCOUNT NUMBER 83E3457447
DUE DATE Due Upon Receipt	AMOUNT DUE \$54.64
AMOUNT PAID	

ADDRESSEE:

Patient Address



PLEASE MAKE CHECK PAYABLE AND REMIT TO:

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway, Suite B  
Germantown, MD 20876



# Glossary of Terms on Statement

*Term Used/Category and Explanation*

**SVC or PMT Date**: Date of Service or Date of Payment

**Charges**: Amount charged for services rendered and/or items provided, sent to Insurance. NOT Patient amount.

**Pat. Payments**: Payments made by patient since the last statement and/or applied to the particular dates of service. This includes any copayments or co-insurance payments at time of visit. Your single payment may be applied to more than one date of service if the total of the payment is larger than patient amount due for a single date of service.

**Ins. Payments**: Payments made by insurance company or third party payor per patient benefits

**Adjustments**: Amount not allowed due to insurance contractual agreement. This amount is subtracted from the charges for the date of service.

**Payment/Adjustments**: Combined payments from patient, insurance and adjustments applied to particular date of service

**Total Balance**: Current balance of open insurance claims and patient responsibility

**Claims In Process**: Balance awaiting insurance claims processing

**Patient Balance**: Patient's financial responsibility (i.e. amount owed) for date of service(s).

**Total Due From Patient Balance**: Patient's financial responsibility due now