

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
	\$265 TOTAL CHARGES	\$150 Pre-Paid	\$115 Due
\$115 would be billed at the End of the Month			

For More Information Please Visit
Rehab2Perform.com/Billing

Rehab 2 Perform: Frederick
20501 Seneca Meadows Parkway, Suite 100
Germantown, MD 20876
P: (301) 761-4900 • F: (301) 798-4876



Statement ID#



023752
STATEMENT

EXPLANATION OF DEMAND STATMENT

Please find below an example of the monthly statement you will receive
until your balance is paid in full. It shows the visits and items for which you currently
owe a balance, your payment history, and the application of each previous payment transaction

Questions about your bill?
Call 301-761-4900 or email us at
billing@rehab2perform.com

Patient Charlie Brown (Patient)	Account #155555-RTP
Mobile (410) 555-1234	Contact Charlie Brown (Patient)
Phone (410) 555-1234	Mobile (410) 555-1234
Address 110 Patrick Street Frederick, MD 21701	Phone (410) 555-1234
	Address 110 Patrick Street Frederick, MD 21701

**Account
Number**

**Scan to
pay online**



Pay your bill online.



Balance Details

Patient Responsibility	\$212.03
Paid to Date	\$38.43
Total Balance Due	\$173.60

**Outstanding
Balance**



Outstanding Visits & Items

Date	Claim # / Item	Items Total	Cancel No Show	Copay Visit Chg.	Co Ins.	Deductible	Other	Sent to Patient	Paid	Balance
12/06/24	RTP-126369	-	-	\$0.00	\$0.00	\$80.33	\$0.00	\$0.00	\$38.43	\$41.90
12/09/24	RTP-127124	-	-	\$0.00	\$0.00	\$80.33	\$0.00	\$0.00	\$0.00	\$80.33
12/13/24	RTP-129205	-	-	\$0.00	\$7.23	\$44.14	\$0.00	\$0.00	\$0.00	\$51.37
Total Balance Due										\$173.60

Payment History

Date	Method	Reference	Applied To	Paid	Used	Remaining
11/12/24	Credit Card		11/12/24 - Visit	\$50.00	\$50.00	-
11/15/24	Credit Card		11/12/24 - Visit 11/15/24 - Visit	\$50.00	\$50.00	-
11/18/24	Credit Card		11/15/24 - Visit 11/18/24 - Visit	\$50.00	\$50.00	-
11/22/24	Credit Card		11/18/24 - Visit	\$50.00	\$50.00	-
11/25/24	Credit Card		11/12/24 - Visit	\$50.00	\$50.00	-
12/06/24	Credit Card		11/18/24 - Visit 11/22/24 - Visit	\$50.00	\$50.00	-
12/09/24	Credit Card		11/22/24 - Visit 11/25/24 - Visit	\$50.00	\$50.00	-
12/13/24	Credit Card		11/25/24 - Visit	\$50.00	\$50.00	-
12/20/24	Credit Card		11/25/24 - Visit 12/06/24 - Visit	\$50.00	\$50.00	-
Total Available Account Credit						

**Payments made on
your account**

**Visits your payments
applied to**

**If you need a detailed
breakdown of all charges
submitted to insurance
Please contact our billing team**