

Getting Started

In-network Insurances Plans

Forever Fit Physical Therapy & Wellness LLC accepts insurance for physical therapy services as well as cash payments. Almost all insurances cover physical therapy in some capacity, but each plan differs on the out-of-pocket cost, number of visits allowed or pre-authorization required. Our staff will be happy to contact your insurance company to determine what your benefits are and explain them to you prior to initiating treatment. **Payment of co-pays, co-insurances and deductibles is expected at the time of service unless other arrangements have been made.**

Insurances Accepted In-Network

- Automobile Insurances
- Aetna
- Amerigroup
- Carefirst-Blue Cross Blue Shield plans
- Coventry
- Cigna-(Bowie office out-of-network only)
- GEHA
- John Hopkins Employee Health Plan
- MAMSI
- Medicare
- Maryland Medicaid
- Multiplan
- Priority Partners
- PHCS
- Tricare Standard & Prime- (Not at Bowie location)
- United Healthcare
- United Healthcare Community Plan
- US Family
- Workers Compensation

**If we do not participate with your insurance but your plan has out-of-network benefits we will gladly submit claims on your behalf.*

Each insurance company and plan differs on the out-of-pocket cost, number of visits allowed or pre-authorization required. The payment we collect is determined by your agreement with your insurance company. The amount of a deductible, coinsurance, or copay is typically a function of your insurance premium (i.e., a high deductible plan may feature low monthly payments, but higher out of pocket costs at the time of service.)

Deductible: A deductible is the amount you pay for health care before your insurance company will begin to pay. This means that you pay 100% of the cost of treatment before your deductible is met. The amount required to meet a deductible varies by insurance plan. Some insurance companies reimburse the clinic at varying rates based on the services used during treatment. As such, we will not know your exact

out-of-pocket cost until we have submitted your claim and received an explanation of benefits detailing your final out-of-pocket cost. In this case, we collect an estimated cost of each visit, and either bill for the remainder owed or reimburse you for overpayment after the completion of treatment and receipt of final balance from your insurance company.

Coinsurance: A coinsurance is your share of the cost of your health care, usually as a percentage. You start to pay a coinsurance after you have paid your plan's deductible. Each insurance company provides a figure from which we calculate your payment amount. For example, an insurance company uses a base cost of \$100, a patient with a 10% coinsurance pays \$10 for each visit while a patient with a 20% coinsurance pays \$20.

Copay: A copay is a fixed amount you pay for your health care for the duration of service. This amount can vary by type of service (primary care, pharmacy, medical specialist, etc). Some plans include both a copay and a coinsurance, in which case your cost is your flat copay amount + the coinsurance % of your insurance plan's base fee.

Authorizations and Visit Limits: Some private insurance plans, all Medicaid plans, and all workers compensation or auto coverage require preauthorization before you can be seen. In some cases this is based on your physician's referral, which indicates a number of allowed visits. Alternatively, visits may be authorized by a third party based on your physical therapist's evaluation and demonstration of medical necessity, independent of your physician's input. Insurance plans may also place an indisputable limit on the number of physical therapy sessions they will pay for by calendar year or by diagnosis.