

# Central Coast Lymphedema Therapy

## OFFICE PAYMENT POLICY

We are glad you chose us to assist you in managing your lymphedema or other chronic swelling. Your health is our primary concern, and we will strive to provide you the most up to date and proven therapy program for this condition. In order to make the handling of your financial obligations as smooth as possible, please read and sign the following office policy. If you have any questions, our staff will be glad to assist you.

## CASH PRACTICE: NON-MEDICARE PATIENTS

Central Coast Lymphedema Therapy (CCLT) does not bill to non-Medicare, private insurances. When you come in for your initial evaluation and subsequent therapy visits, you will be responsible for paying at the time of service either by cash, check or credit card. We will provide you with a super bill which you can submit to your insurance company. Your insurance company will then be responsible for reimbursing you directly for your treatments at CCLT. You will be seeing providers at CCLT as an out-of-network provider. You should contact your insurance company to see how your insurance will reimburse you and if there is any additional paperwork they require of you. **By signing below, you are indicating you understand you are responsible to pay for services provided at this office.**

## PAYMENT: MEDICARE PATIENTS

CCLT is a Medicare provider and we will file claims with Medicare for your treatments at CCLT. If you have a Medicare supplement or secondary insurance, often your claim will be automatically forwarded by Medicare to your other insurances. If this does not occur, you will be responsible for payment of the 20% of fees not covered by Medicare and you will need to seek reimbursement from your supplemental or secondary insurance. You are also responsible to pay for any Medicare deductibles or co-payments that are not covered by your supplemental or secondary insurances. **By signing below, you are indicating you understand you are responsible to pay for services provided at this office that are not covered by your Medicare or any supplemental or secondary insurances you have.**

## CANCELLATION POLICY

We value your time and appreciate you showing value for ours as well. We realize that sometimes emergencies arise and cancelling an appointment may be necessary. Adequate notice allows us to offer the time to another patient and meet everyone's needs. Leaving a voice mail the night before, or on a Friday after 1 PM for a Monday appointment is not sufficient notice. **A \$50 fee will be charged if 24-hour notice is not given to change a reserved time or if you do not appear for your appointment without prior notification.** Exceptions are made on a case-by-case basis for illness or family tragedy.

**I have read and understand the cancellation policy and my responsibility to pay for services in this office.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

**Please see next page for information about fees and estimated costs for your treatment at CCLT.**

## FEE SCHEDULE

(note: 1 unit = 15 minutes)

| <u>Code</u> | <u>Procedure</u>                | <u>Standard Fee</u> |
|-------------|---------------------------------|---------------------|
| 97003       | Occupational Therapy Evaluation | \$150.00            |
| 97140       | Manual Therapy                  | \$40.00/unit        |
| 97535       | Self-Care Training              | \$40.00/unit        |
| 97110       | Therapeutic Exercise            | \$25.00/unit        |
| 97032       | Electrical Stimulation          | \$25.00             |
| 97016       | Pneumatic Pump                  | \$25.00             |

You will be asked to choose between accepting “a la carte” charges that reflect specific procedures performed at each treatment or paying an up-front annual fee that will cover all treatments and bandaging supplies for one year. **Compression garments are a separate charge.** Below is a list of annual fees depending on the location of your edema.

|                   |            |                    |            |
|-------------------|------------|--------------------|------------|
| Both legs to knee | \$3,700.00 | Both legs to groin | \$8,000.00 |
| One arm           | \$4,500.00 | Head/neck          | \$3,675.00 |
| One leg to groin  | \$5,235.00 | Breast/torso       | \$3,892.00 |

## ESTIMATION OF COSTS FOR SUPPLIES REQUIRED FOR TREATMENT

Compression bandages, garments and other supplies required for treatment are not covered by Medicare and may not be covered by your private insurance. We will make every effort to estimate costs for any supplies you may need to make your treatment as successful as possible, but please be aware that this is still only an **estimate**. Unforeseen needs may arise and your estimate may not reflect the true cost. You will be provided a super bill to submit to your insurance for reimbursement.

We require payment for your compression bandaging system and any other treatment supplies on or before your last day of treatment. If you decide to purchase off-the-shelf compression garments from our office, payment is required upon delivery. For custom compression garments, payment of 50% of the estimated cost of the garment is required before the order may be placed. If you decide to use another provider for your compression garments, we will supply you with the information necessary to place your order with them.

Below are some general estimates of potential supplies and garments that may be needed for successful treatment and management of your condition. A closer estimate is made after your individual needs are assessed at your initial evaluation visit.

### Compression Bandaging System:

|                      |          |
|----------------------|----------|
| One arm              | \$100.00 |
| One leg to the knee  | \$80.00  |
| One leg to the groin | \$200.00 |

### Off-the-Shelf Compression Garments:

|                             |          |
|-----------------------------|----------|
| Compression sleeve          | \$90.00  |
| Compression glove           | \$175.00 |
| Knee-high stockings (pair)  | \$85.00  |
| Thigh-high stockings (pair) | \$120.00 |
| Compression bra             | \$130.00 |