

Blue Cross Blue Shield Insurance Payment Policy

As a benefit to you, The New Jersey Center of Physical Therapy (NJCPT) is pleased to have a dedicated team on site to act as your advocate for your insurance questions.

Due to the way your insurance policy is written, Blue Cross Blue Shield will not honor your request to assign benefits (payment for our services) directly to us as your provider of choice for your physical therapy needs. Instead, BCBS will mail our payments directly to you. We ask that you bring these insurance checks in as soon as you receive them so that our Reimbursement Team can assist you with keeping your account in good standing.

We also require that you provide our office with a credit/debit card that we will keep securely on file to ensure that we receive payment for our services if the insurance checks are not turned over to our office within 2 weeks of the check date. You will receive reminders from us via conversation/phone calls/emails/or text messages if a check is overdue. If there is no action taken to provide us our check, your credit card will be processed for the amount of the insurance payment and you can retain the BCBS check.

I authorize The New Jersey Center of Physical Therapy to process the credit card that I have provided here as reimbursement for an insurance check issued to me by BCBS, that has not been turned over to NJCPT. I understand that all information that I have provided will remain confidential to The New Jersey Center of Physical Therapy and will be destroyed upon the closing of my NJCPT billing account.

Mastercard

Visa

American Express

Discover

Name of Account Holder: _____

Card #: _____

Expiration Date: _____

CVV Code: _____

Zip Code of Card Account Holder: _____

Method of Card Receipt Acknowledgement (*please check and complete choice*):

___ **TEXT** (_____) _____

___ **E-Mail** _____ @ _____

___ **Paper**

Patient Name (please print) _____

Patient Signature _____ **Date** _____

NJCPT Representative _____ **Date** _____