



Impact Physical Therapy L.L.C will be submitting your rendered services to the insurance carrier information you provided to us. As a result, you will be receiving an “Explanation of Benefits” (EOB) statement from your insurance company. An “Explanation of Benefits” is not a bill from **Impact Physical Therapy L.L.C.** it is a statement from your insurance carrier informing you of the charges submitted on your behalf and how the charges were processed. There are many insurance carriers that will not supply the provider's detailed claim status; they will only speak to the insurance carrier member or the patient. Consequently, it becomes the patient’s responsibility to work closely with the provider to obtain reimbursement for services rendered. This will ensure that you will not be billed for charges that should have been paid by your insurance carrier.

Impact Physical Therapy L.L.C. asks that if you receive an “EOB” from your insurance company for any of the following reasons please proceed as directed below:

1. **An “EOB” with a check attached for services rendered at an Impact Physical Therapy L.L.C. facility:**
 - a. **Endorse** (sign) the back of the check
 - b. Make a **copy** of the “EOB” and the check
 - c. **Send** the original check and the “EOB” to **Impact Physical Therapy L.L.C.:** 680 Rt-33E., Unit 14, East Windsor, NJ 08520 or you can bring the original check and the “EOB” to our Impact Physical Therapy clinic and the Front Desk Representative will make you a copy and the original check will be applied to your account accordingly.

2. **An “EOB” denying submitted charges:**
 - a. **Call Impact Physical Therapy L.L.C. (877) 752-9637** to speak with an Account Representative **and fax the “EOB” to (732) 605 - 5963** or you can bring the “EOB” to Impact Physical Therapy L.L.C..

3. **An “EOB” requesting medical records or a letter of medical necessity:**
 - a. **Call Impact Physical Therapy L.L.C. (877) 752-9637** to speak with an Account Representative and **fax the “EOB” to (732) 605 - 5963** or you can bring the “EOB” to Impact Physical Therapy L.L.C..

Please sign and date this form confirming you have been informed of **Impact Physical Therapy L.L.C. ’s** policy regarding insurance carrier claims processing and your account resolution:

Please refer all of your billing questions to **Impact Physical Therapy L.L.C.** and speak to an Account Representative, in order to resolve any account issue that may arise. We thank you for your cooperation and efforts in working with us.

I (Rep Name) _____ have given and explained the above process to .

Patient Signature: _____ Date: _____

Rep Signature: _____ Date: _____