



PEAK PERFORMANCE

The Billing Process: Your Costs

VISIT

** **SelfPay** rates are provided to patients who are not using Insurance benefits.
Must be paid at time of service

CHARGES

Peak will file insurance claims on your behalf. Charges are based on services rendered (CPT codes) at each visit.

INSURANCE

Your insurance will adjust the amount depending on your plan & contract with Peak. Any balance not paid/adjusted by your insurance company becomes your responsibility.

PATIENT RESPONSIBILITY

Through an explanation of benefits (EOB), the patient and Peak are notified about the portion of the claim that will be paid by the patient.

DEDUCTIBLE NOT MET

OR

DEDUCTIBLE MET

\$50 PER VISIT & WEEKLY CHARGES

COPAY OR CO-INSURANCE

A \$50 Pre-Payment towards your deductible is collected at each visit and you will be charged any remaining balance once EOB is received.

A predetermined rate or percentage you are responsible for based on your specific health insurance.



PEAK PERFORMANCE

Understanding a Deductible Plan

EXAMPLE: You have a \$2500 deductible that must be met before your insurance covers 80-100% (depending on your benefits). We collect \$50 per visit as a Pre-Payment towards your deductible to offset a large bill.

INITIAL EVALUATION

Visit 1

- You paid \$50 at the visit
- After charges have been adjusted by insurance, Patient responsibility is \$150* for that visit.
- \$100 is still owed for visit 1

FOLLOW UP APPOINTMENT

Visit 2

- You paid \$50 at the visit
- After charges have been adjusted by insurance, Patient responsibility is \$130* for that visit.
- \$80 is still owed for visit 2

FOLLOW UP APPOINTMENT

Visit 3

- You paid \$50 at the visit
- After charges have been adjusted by insurance, Patient responsibility is \$120* for that visit.
- \$70 is still owed for visit 3

*Please note the cost of each visit may differ depending on the services and treatments provided at the visit. These numbers serve as an example. 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	\$150	\$50	\$100
Visit #2	\$130	\$50	\$80
Visit #3	\$120	\$50	\$70
	\$400 Total Charges	\$150 Pre-Paid	\$250 Due

FOR MORE INFORMATION PLEASE EMAIL
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