Billing Details and Good Faith Estimates for the DPOA

CPTE Health Group and its Affiliates (CPTE) specialize in providing rehabilitation care to a Senior population that can no longer easily leave their residence. We make sure that Seniors continue to receive the quality healthcare they are entitled to. We are proud to be a Medicare certified provider and, as we explain below, this protects the DPOA from unexpected charges.

CPTE accepts Medicare assignment. This means that CPTE accepts Medicare's allowed amounts for services as full payment. A Good Faith Estimate for an average treatment is \$95.00. Medicare pays 80% of their allowed amount (after the yearly deductible) and the DPOA is responsible for the remaining 20% (as well as the yearly deductible). A Good Faith Estimate for the DPOA's portion of an average treatment is \$19.00.

Supplemental insurance may pay some portion of the DPOA's balance. CPTE will bill any supplemental insurance. Please understand that your supplemental insurance may have limitations or restrictions that may reduce coverage, including CPTE being an out-of-network provider. It is your responsibility to know those limitations as they may increase the balance owed for services. In such circumstances, a Good Faith Estimate for the DPOA's portion of an average treatment is \$19.00

Patients will usually have a remaining balance, even after Medicare and supplemental plans have processed the charges, CPTE requests a credit/debit card placed on file in order to pay for any remaining balances. Rest assured that you will receive a statement clearly explaining any charges made to your account.

Some patients participate in a Medicare Advantage Plan or other commercial plans. CPTE is happy to bill those insurances but the DPOA must understand that they will be charged for any patient balances that accumulate. These plans usually come with visit limitations, pre-authorization requirements, deductibles, co-insurances and/or co-pays and it is the responsibility of the DPOA to confirm the cost-sharing of their particular plan.

Additionally, CPTE may not be a participant in some network plans. It is the responsibility of the DPOA to confirm these limitations as well. If CPTE is an out-of-network provider for your plan, CPTE will only charge the patient the approximate amount that traditional Medicare would allow. A Good Faith Estimate for an average treatment is \$95.00

We know that medical care billing can seem daunting. Our Billing Department is available Monday-Friday 8:00AM to 4:00PM at (603) 880-0448 to assist you in any way they can. Additionally, DPOA's may wish to continue visits privately after a course of treatment is completed. We charge \$95.00 per visit. For more information, please contact us.

Please enter your credit/debit card information below.

Name on card_		Card Number	
ccv	Expiration Date	Billing Zip Code	
	nd understand the above edit/debit card for all bala	information and I authorize CPTE He nces due.	alth Group (and its affiliates) to
DPOA Signatu	re:		Date:

If you are unable to provide card information please contact our billing department at 603-880-0448. Unfortunately, we cannot commence care until a payment option is chosen.