

Patient Information

FAQ

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What information do I need to schedule an appointment?

Your full name, date of birth, email, and your contact phone number will get things started. It is helpful to know the name and contact information for your healthcare provider. Any test results, such as x-ray, MRI, or EMG associated with your condition would be useful. Last, please complete the required forms found on our website corresponding with your area of concern to maximize our time together. I will review this prior to our first appointment.

What can I expect during my first and follow up visits?

Your first visit involves a thorough evaluation and a customized treatment program; typically 90 minutes. We will conduct a series of functional movements and measurements to help determine the source of dysfunction. This includes muscle strength and nerve motion, body alignment, and functional tests.

This first visit is a synthesis of the written, verbal and objective information to help determine a path to progress and guides me in designing a customized treatment program. We will go through the program together to ensure it “fits”. The treatment program can include manual therapy and massage techniques, alignment corrections, stretches, strengthening, relaxation and breathing techniques and aerobic exercise to “oxygenate” your system. Treatment programs are a prescription for wellness. “Movement medicine”, includes dosage: repetitions, sets, hold times, and frequency.

Follow up visits are a time for us to discuss how you are doing with the plan. Based on your feedback your program is progressed to meet your goals. Your input, participation, and consistency are key to success. The best home program is the one you do!

How often do I need follow-up treatments?

The answer is largely determined by your treatment plan and goals and rate of progress on your first appointment. My goal is to identify the source of dysfunction and resolve it as quickly as possible.

What do I wear?

Wear comfortable, loose fitting clothing that you can easily move in.

Can I see a physical therapist without a referral from my healthcare provider?

Yes, Washington is a “direct access” state for Physical Therapy, meaning anyone can refer themselves to a physical therapist. However, if you are submitting a claim for reimbursement to your insurance, they may require you to have a referral for Physical Therapy from your primary care provider for the service to be covered (i.e. they won't pay without it). Call your insurance company and ask them what is needed for reimbursement for you.

How much will it cost?

Evaluation/Initial Session: \$165. These visits cost a bit more due to the extra time needed to begin to synthesize an optimal path to your goals. Treatment is also included in this visit.

Follow-up sessions: \$135/hour

(Payment is expected at the time of service. We do offer a discount for cash or check payment: \$150 for evaluation; \$120 for follow-up.)

How do I pay?

We accept cash, personal checks, credit cards, and Paypal for payment. There is a [Paypal](#) button on our website under Patient Info for those interested in making an online payment on their account.

Do you offer any discounts?

Yes, there is a 10% discount for cash payment.

What is your cancellation policy?

Kindly give 24-hour notice, so that we can schedule someone that is waiting for an appointment in your place. Without 24 hour notice, you will be charged for your appointment time.

What are your office hours?

By appointment only, Monday-Thursday.

Do you bill insurance?

The short answer is “no”, with the exception of car accidents billing to auto insurance. I do not contract “in-network” with any health insurance. However, most private health insurance plans have “out-of-network” benefits and allow you to submit your own claims for physical therapy. If you have a high deductible plan, your out-of-pocket cost to see me as private pay may be the same or even less than the amount to see an in-network provider.

Can I submit my physical therapy bills to my health insurance for reimbursement?

Most insurance plans allow you to see providers “out-of-network”. Every insurance plan is different. Know what is covered in your plan by calling your insurance to determine what services are covered and what the reimbursement process is. If you wish to submit your physical therapy bills for re-imburement, make arrangements with me ahead of time so I can provide you with the specific insurance billing (CPT) codes necessary after each visit. **I am unable to do this retroactively.**

Can I see you for injuries sustained in a car accident and will you do my billing?

Yes, as long as your policy has personal injury protection (PIP) and your claim is open. I will do your billing if you provide the following: 1) name of your car insurance, 2) your insurance claim manager’s phone number, 3) claim number, and 4) the date of the accident.

Why don't you bill my insurance company on my behalf?

After 25+ years of being “in-network” and accepting most insurance plans, it has become increasingly time consumptive to bill, therefore unsustainable for independent healthcare providers. Insurance is a contract between you and your insurer. Inserting the healthcare provider in the middle of this contract creates a conflict of interest and favors large healthcare institutions that are able to negotiate better contracts due to higher patient volumes.

Additionally, insurance continues to shift an increased percentage of the cost burden to patients: sky-high premiums, excessively high deductibles and co-pays. Most patients were paying for the majority of my services out-of-pocket anyway. Also of note, the trend of patients bearing an ever-larger share of overall healthcare costs has coincided with record profits for insurance companies and their shareholders (e.g. see articles in [Forbes](#) and [CNBC](#) for starters.)

When universal healthcare coverage becomes a reality, I will gladly reconsider. For now, this allows me to remain focused on what is most important: you and your wellness goals.