



**WHY DOES LIMITLESS THERAPY
AND WELLNESS CHOOSE TO BE
OUT-OF-NETWORK WITH MOST
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LIMITLESS
THERAPY & WELLNESS

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The traditional in-network model for outpatient physical therapy is not sustainable and is not helping facilitate successful outcomes for patients. Insurance companies across the board continue to reduce payment for physical therapy while imposing visit limits, billing and coding restrictions, and denying necessary care altogether. Meanwhile, the quality of care available to patients continues to decrease as in-network practices are being squeezed. Labor, equipment, medical supplies, and space are all more costly than they've ever been, and it continues to become harder and harder to offset those costs with these declining and/or denied payments for services. Thus, the physical therapy profession and the healthcare industry as a whole are at a crossroads. Instead of settling for providing sub-standard care and burning out our therapists with almost impossible productivity demands, Limitless Therapy and Wellness decided to put the patient experience back at the forefront of the conversation by adopting a private-pay model.

At Limitless, we believe that any problem can be solved with the right approach to caring for people. Our healthcare system is currently designed to tell us that whatever ails us can only be fixed through medications, injections, or surgery. At Limitless, we know that your body was designed to adapt, survive, and thrive, and sometimes you just need someone to help you get out of your own way and start to move in the right direction. The in-network model simply cannot consistently provide the level of care and attention needed to achieve these goals. Thus, Limitless Therapy and Wellness has chosen to blaze our own trail in order to make sure that our patients can move from pain to performance without any unnecessary hurdles or roadblocks to overcome.

What is the difference between an out-of-network/private pay physical therapy experience and an in-network physical therapy experience?

Below is a direct comparison to help you see how our practice model compares to traditional in-network practices and how we are likely to help you save time and money while helping you achieve your desired result.

	LIMITLESS THERAPY & WELLNESS	TRADITIONAL IN-NETWORK PHYSICAL THERAPY
1-on-1 Care for Your Entire Appointment?	✓	✗
Time with Therapist Per Session?	50-70 minutes	15-60 minutes
All Visits Led by a Licensed Physical Therapist?	✓	✗
Same Therapist Every Session?	✓	✗
Frequency of Sessions?	1-2 times per week	2-3 times per week
Therapists with Specialty Certifications to Address Your Specific Diagnosis and Goals?	✓	?
Direct Access and Communication with Your Therapist with Guaranteed Response within 24 Hours?	✓	✗
Holistic and Up-To-Date Evidence-Based Treatment Approach?	✓	✗
Cost Transparency?	✓	✗
Mobile Appointments at Your Home or Office?	✓	✗
Easy Access to Your Documentation and Medical Records?	✓	✗
Visit Limits, Treatment Option Restrictions, and Pre-Authorization Requirements?	✗	✓

Let's look at an example of how these two types of care play out for a patient.



Logan

Limitless



Tom

In-Network Therapy

Logan and Tom are both 35 year old males with shoulder pain. Logan has chosen to work with Limitless, while Tom has chosen to go to an in-network practice.

FIRST VISIT	Logan	Tom
Cost/Investment	\$295	\$150-500
One-on-One Time with Therapist	90 Minutes	30 Minutes
Customer Experience	<p>Logan's therapist was ready to start his appointment ON TIME and listened to his entire story and history to help diagnose the root cause of his problem. His therapist did a whole-body movement and hands-on assessment, discussed his diagnosis and findings with Logan, and then performed treatment on Logan's shoulder for 45 minutes. Then, Logan and his therapist sat down and discussed a comprehensive plan that included follow-up visits once per week for 6 weeks with a customized home exercise routine and a plan for reintroducing strength training in the gym. Logan was blown away as no one had ever spent that much time with him, and he felt that his therapist was very invested in seeing him get back to 100%.</p>	<p>Tom's therapist was running 10 minutes late from his previous patient, and he was still monitoring another patient who was performing exercises on the other side of the room while starting Tom's appointment. Tom's therapist did a quick movement screening and then demonstrated a few exercises for Tom to try while he went to check on his other patients. Tom was unsure as to his diagnosis or why he was doing the exercises he was doing. Tom's therapist checked back in with him and then handed him a cookie-cutter printout of some shoulder exercises to begin trying at home. He was told he needed to check out at the front desk and schedule appointments 2-3 times per week for 6 weeks. Tom couldn't help but feel like just another name on the schedule.</p>

SIX WEEKS LATER		
	Logan	Tom
Cost/Investment	<p>\$1795 (Evaluation + 6 Follow-Up Sessions)</p>	<p>\$1950 (Evaluation + 12 Follow-Up Sessions, MRI, and Ultrasound)</p>
Time Commitment	<p>7.5 hours + commute time (unless appointments are mobile, then NO commute time)</p>	<p>13 hours + commute time</p>
Customer Experience	<p>Logan has remained highly motivated throughout the process as he continues to feel like a priority. Logan has enjoyed coming to his appointments because his therapist is always prepared and ready to take things to the next level. He has felt continuous improvement over the course of 6 weeks and has returned to doing his normal weightlifting routine in the gym without shoulder pain. Logan also feels confident that he has been equipped with the knowledge and tools to keep future episodes of shoulder pain at bay.</p>	<p>Tom has been disappointed by the fact that he has seen at least 4 different providers over the course of 6 weeks, and none of them have been on the same page about how to progress him back to his weight-lifting routine. He has been given 2 or 3 different lists of exercises to do at home and he's not really sure which ones are the right ones. He has also found it hard to keep his appointments and stay motivated because of his lackluster experience. Tom would say his shoulder is about 50% better, but he is still unable to lift weights without shoulder pain.</p>
Outcome/ Next Steps	<p>Logan no longer needs weekly appointments with his therapist and has returned to all of his normal activities. He plans to reach out to his therapist if his shoulder starts to bother him again. Logan's therapist reaches out monthly to check on him.</p>	<p>Tom has decided that he needs to see a shoulder surgeon who recommends a corticosteroid injection. After receiving the injection, Tom felt significant improvement and relief of his shoulder pain for about 2 weeks. His shoulder pain gradually returned after that, and now he doesn't know what to do next. Should he go back to physical therapy? Should he continue to get corticosteroid injections every few months? Or should he just accept the fact that he'll never be able to do the activities he loves again without shoulder pain?</p>

SIX MONTHS LATER		Logan	Tom
Cost/Investment		\$1795 (Evaluation + 6 Follow-Up Sessions)	\$3500 (Evaluation + 12 Follow-Up Sessions, MRI, and Ultrasound)
Time Commitment		7.5 hours + commute time (unless appointments are mobile, then NO commute time)	15 hours + commute time
Customer Experience		Logan has been diligent in continuing to perform his shoulder exercises at home, which have helped him remain pain-free for 6 months. He has continued to lift weights 3-5 days per week, and he has also been able to volunteer to coach his son's baseball team. He has been able to pitch batting practice to his son's team with no flare-ups of his shoulder pain.	Tom did not have any faith that physical therapy could help his shoulder pain because of his subpar experience, so he decided to try to give his shoulder time to heal on its own. Within 3 months, his shoulder pain was worse than ever, so he returned to his orthopedist for another corticosteroid injection. His orthopedist also ordered an MRI, which showed normal age-related wear and tear to his rotator cuff. He was told that he could undergo exploratory surgery, but his orthopedist also told him that he couldn't continue to receive corticosteroid injections every 3 months due to the risk of weakening the tissues inside his shoulder. Tom has become frustrated and doesn't know where to go from here.
Outcome/ Next Steps		Logan's entire perspective on musculoskeletal pain has changed. Rather than thinking that ibuprofen and time heals everything, he has become much more proactive about his health and knows the difference between soreness and pain. He listens to his body and reaches out to his therapist directly when he has questions or isn't feeling his best.	Tom decided to hold off on surgery, but he is desperate to find relief from his shoulder pain. He has found himself withdrawing from his friend groups since he can no longer enjoy a lot of the physical activity they used to do together. He decided to meet with his primary care doctor, who agreed to prescribe him pain medication, which is his only temporary relief. He knows that he doesn't want to take the medication long-term, but he feels like he has no other choice.

SUMMARY

Logan spent almost 50% less than his friend, Tom, while spending half the time and achieving a superior outcome. This outcome doesn't account for the intangibles of the incredible experience Logan had with his devoted therapist who created an individualized plan for him and helped him stay motivated to complete the plan.

WHICH PATH WILL YOU CHOOSE TO GET BACK TO MOVING AND FEELING YOUR BEST?

“I want to call my insurance company first to see if I have any out-of-network benefits to cover working with Limitless.”

From time to time, when discussing our practice with new patients, they express a desire to check with their insurance company first to see what coverage they have - which they should! It is always a good thing to understand the terms of your health insurance plan.

However, if you decide to make this call to your insurance company, we want to help you get an ACCURATE depiction of your coverage. Too often, we find that patients are told that they don't have coverage when they actually do because they didn't ask the right questions.

Sometimes, a patient simply asks “Do I have out-of-network benefits?”, which usually results in a “No” or “only after your deductible of \$XXXX is met.” This is meant to discourage you from utilizing an out-of-network provider. But without knowing your in-network coverage and terms, you can't even begin to make a comparison.

WHAT QUESTIONS SHOULD I ASK MY INSURANCE COMPANY IF I WANT TO KNOW MY OUT-OF-POCKET COST?

Here is a great list of questions to ask your health insurance company if you would like to determine what coverage you have. It is important ask these questions EXACTLY as they are worded in order to get accurate information:

- 1. What are my out-of-network benefits for physical therapy?*
- 2. Do I have a separate out-of-network deductible? If so, what is it and how much of it has already been met this year?*
- 3. What do you (the insurance company) need from me (the patient) in order to get reimbursed for out-of-network physical therapy?*
 - a. The answer is typically just a claim form attached to a superbill, which we provide for all of our patients, but it is good to confirm this before proceeding.*
- 4. What is my in-network deductible? How much of it has already been met this year?*
- 5. Do I have an in-network co-pay for physical therapy, and if so, what is it?*
- 6. Are there any limits to my in-network physical therapy benefits for the year? (This can be a maximum # of visits, maximum allowable \$ amount per case, etc.).*

“I've checked my benefits and I still want to call around and talk with practices that are in-network with my health insurance plan.”

Sometimes, after checking their benefits, our new patients want to call other practices who are in-network with their insurance to inquire about cost and availability. This is a totally reasonable step to take in the decision-making process. At Limitless, we simply want you to be well, whether that happens with us or with another practice or provider. However, we also want you to fully understand the difference in cost and quality of care that you may receive by going in-network. As shown in our case study above with Logan and Tom, going in-network is often more costly than working with Limitless, with a very different experience and result.

What questions should I ask when calling in-network practices so that I can make an accurate comparison to Limitless?

If you call other physical therapy practices in the area, we highly recommend using the list of questions below so that you can make a direct comparison between Limitless and the other practices you are considering:

1. How much 1-on-1 time will I get with my physical therapist at each visit?

At Limitless, your physical therapist will spend 90 minutes with you at your first appointment and 60 minutes with you at your follow-up visits. All of this time is one-on-one with no shared appointment times.

2. Will I see the same provider at all of my sessions?

At Limitless, you will always see the same therapist at all of your visits.

3. How many visits per week are typically prescribed for someone with my problem? (shoulder pain, ankle sprain, back pain, etc.)?

Limitless patients are seen, on average, once per week.

4. How long is the average plan of care for someone with my problem?

The average plan of care for a Limitless patient is 6-10 visits, but that varies based on a number of factors.

5. Do you have physical therapists on your team who specialize in treating my problem?

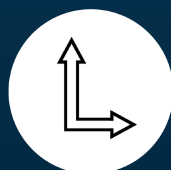
At Limitless, we have physical therapists who specialize in orthopedics and sports medicine, as well as women's health and pelvic health.

6. Can you tell me the exact cost of my first visit?

At Limitless, the cost of your first visit is always the same and is always quoted to you over the phone before scheduling.

7. Can you guarantee me that I will never get a surprise bill?

At Limitless, we can guarantee that you will always know the cost of your care and that you will NEVER be surprised by a bill.



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