BEHIND THE PRACTICE

THE QUESTION YOU GET EVERY SINGLE DAY

"So, do you take insurance?"

Five ways to answer it, and two ways to stop getting asked.

A working guide for cash based and out of network physical therapy practice owners. The exact words for the phone, the DM, and the end of an evaluation, plus the two plays that take the price conversation off the table for good.

5 scripts | 2 plays | Pushback lines | Front desk card

Behind the Practice
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START HERE

Why this one question is so hard

You already know the answer. You are out of network, you have good reasons, and you can explain them. The problem is that it never quite comes out right, and the call ends with "okay, thanks, I'll think about it."

That happens because the person on the phone is not really asking about billing. They are asking two things at once, and neither one is about insurance.

QUESTION ONE

Can I afford this?

QUESTION TWO

Am I about to get burned?

The second one is doing most of the work, and it has usually been earned. Here is a patient writing about calling a physical therapy clinic:

> "The office admin gave me a long speech about how they would submit the bill to my insurance for reimbursement. It took a few back and forths for her to finally admit that they didn't accept my insurance – she almost had me fooled!
>
> Miriam J., writing in *The Out-of-network Network*

Notice what made her angry. It was not the price and it was not the no. It was that the no came last. She felt handled, and by the time she understood the answer she had already decided she did not trust the clinic.

The thing that costs you the booking is rarely the fact that you are out of network. It is the three seconds of hedging before you say it.

THE WHOLE POINT

You can answer the question better, or you can make it the wrong question

Most advice about this stops at the script, and the script only ever wins you the calls you were close to winning anyway. There are three levels to this, and the first one is the smallest.

1

Answer it cleanly, so you stop losing calls you should win

Five scripts, one per personality. Pick the one you can say without flinching. This is pages 5 through 9.

2

Change what they are comparing you to

An hour of physical therapy is a thing anyone can price shop. A named program for one specific person with one specific problem is not. This is page 13.

3

Take the risk off the table

When someone says the price is too high, what they usually mean is that they are not sure it will work. A conditional guarantee answers the real objection. This is page 14.

Almost everybody stops at level one, which is why the question keeps coming back week after week. A better script wins you a call. A program nobody else in town runs, and a guarantee nobody else is willing to make, change what the caller is deciding between, and that is a different kind of win.

Cash based physical therapy was never really about the price per visit. It is about the specialization, the expertise, and the way you package it, and those are the three things a traditional clinic cannot copy.

THE ONLY RULE THAT MATTERS

Pick the version you can actually say

Five answers follow, and they are not ranked. An honest, slightly awkward answer in your own voice beats a polished one you clearly borrowed. Read down this list and pick the row that sounds like your own head talking.

IF THIS IS YOU	START WITH
I have strong opinions about how PT should be done	1 **The Comparison**
I hate dancing around a question	2 **The Straight Answer**
I feel gross selling, but I love helping	3 **The Advocate**
I love explaining how things actually work	4 **The Numbers**
I want to talk about their problem, not money	5 **The Redirect**

Pick one as your default and one as your backup, then read it out loud about ten times before you use it on a real person. The caller hears doubt before they hear the words, so the script is not the part that convinces them. Your calm is.

BOLT THIS ONTO ANY OF THE FIVE: IF THEY SOUND BURNED

Some callers are not asking a billing question at all, they are bracing for another surprise bill. If you hear that, name it before you answer, then let them correct you.

> “Can I guess at something? It sounds like you’ve been stuck with a bill you weren’t expecting before.”

Then stop and let them answer. Whatever they say next is the actual conversation.



The Comparison

Who it fits: the owner with a real point of view about how physical therapy should be done, who left the volume model on purpose and can say so without bitterness.

THE WORDS

"I don't, and that was a deliberate choice. To make the in network rates work I'd have to see three people an hour with a tech running most of it, because that's what the reimbursement pays for. Here you get me, for the full hour, every visit."

THE LINE THAT DOES THE MOST WORK, FOR "BUT I ALREADY PAY A LOT FOR MY INSURANCE"

"You do, and that's a genuinely frustrating spot to be in. What the plan pays for is a lot of short visits with a lot of hands involved. If that's the right trade for you, I'll help you find a good in network clinic nearby and I mean that. If you'd rather get it sorted in fewer visits with one person who knows your case, that's what I'm for."

WHY THAT SECOND ONE MATTERS MORE THAN THE FIRST

Offering to help them go somewhere else is the only thing on this page a salesperson would never say, which is exactly why it lands. You stop being someone trying to win the call and become someone helping them make a decision, and that is usually the moment they stop defending their insurance.

MAKE IT YOURS

Rewrite it in your own words, out loud, then write down the version you actually said.

SKIP THIS ONE IF

You cannot say it without an edge in your voice. The line works when it is about what the patient gets, and it falls apart the moment it sounds like a complaint about insurers. Record yourself saying it once and you will know immediately.

2

The Straight Answer

Who it fits: the owner who would rather be blunt than careful, and who gets annoyed watching other people stall.

THE WORDS

"No, I'm not in network with any plans. I'm out of network on purpose, and I'll tell you why in a second, but I wanted to answer your question first so you're not sitting there guessing. What's been going on with you?"

WHY IT WORKS

It removes the exact thing that makes callers suspicious, which is a delayed no. You spend the trust you earn by answering fast on the next sixty seconds, where the real conversation happens.

WHEN THEY PUSH BACK WITH "OKAY, SO HOW MUCH IS IT?"

"The first visit is $X and visits after that are $Y. For what you're describing, people usually need somewhere around four to six of them. Before I tell you whether that's worth it, tell me what's going on, because if I can't help you I'd rather say that now."

MAKE IT YOURS

Rewrite it in your own words, out loud, then write down the version you actually said.

SKIP THIS ONE IF

You cannot say your price without your voice changing. Go to script 4 first, get comfortable with the arithmetic, then come back to this one.

3

The Advocate

Who it fits: the owner who feels like a salesperson the second money comes up. This one is almost impossible to say in a salesy way.

THE WORDS

"I don't bill insurance directly, and I'm not going to leave you to sort it out by yourself either. You pay me at the visit, and I give you a superbill, which is the itemized receipt your insurer needs. Plenty of plans pay part of that back. I can also give you the exact three questions to ask them, so you know your real number before you ever book with me. HSA and FSA cards work here too."

THEN GIVE THEM THE THREE QUESTIONS, SLOWLY ENOUGH TO WRITE DOWN

1. Do I have out of network outpatient physical therapy benefits?
2. What is my out of network deductible, and how much of it have I met this year?
3. What percentage do you reimburse once it's met?

"Call them, ask those three, and call me back either way. If the answer is that they cover nothing, tell me and we'll talk about whether this is still worth it for you."

WHY IT WORKS

It hands the caller a task they can win, which is a much better feeling to leave someone with than a price. It also gets you a reason to talk again, and a caller who did the homework comes back warmer than they left.

THE ONE THING YOU MUST NEVER DO HERE

Do not promise a dollar amount or a percentage back. Say that plans often pay part of it, never that they will get seventy percent. You do not control their plan, and you do not want to own that conversation later.

MAKE IT YOURS

Rewrite it in your own words, out loud, then write down the version you actually said.



The Numbers

Who it fits: the owner who teaches by explaining the mechanism, and whose patients always say “nobody ever told me that.”

THE WORDS

“I don’t bill insurance. Here’s the part people miss. If your deductible isn’t met, your in network visits aren’t a copay, you’re paying their full rate, two or three times a week. With me it’s $X, once a week, and you’re usually done in four to six visits. Want me to run both numbers with you?”

WHY IT WORKS

It is the only script that turns the price into arithmetic instead of a feeling. An unmet deductible means they are paying the contracted rate anyway, and almost nobody has done that sum before you walk them through it.

WHEN THEY PUSH BACK WITH “WELL, MINE’S ALREADY MET”

“Then your plan is probably cheaper per visit, and I’ll say that plainly. The thing worth comparing is total cost to actually fix it. If it takes twenty visits there to get where six gets you here, the math flips.”

TWO RULES FOR THIS ONE

Use your real prices, and never state what the patient’s plan will pay. Say what you charge, ask what their deductible is, and let them do their own half of the sum.

MAKE IT YOURS

Rewrite it in your own words, out loud, then write down the version you actually said.

SKIP THIS ONE IF

The person is in a lot of pain and clearly wants help rather than a lesson. Lead with script 2 and save the math for the follow up.

5

The Redirect

Who it fits: the clinician who came alive the moment someone described their symptoms, and who would rather talk about the shoulder than the invoice.

THE WORDS

"Short answer, no, I'm out of network. I'll explain what that means for you in a minute. First, what's going on? I want to make sure it's something I specialize in. If not, I'd rather point you to someone who does."

THEN LET THEM TALK

Sixty to ninety seconds, no interrupting. Ask what they have not been able to do since it started, and what they want to get back to. When they finish, pick it back up with any of the other scripts.

WHY IT WORKS

Insurance is the question they ask first, not the one that matters. What they actually came for is getting back to something they have lost. Hearing that out loud, in their words, is what carries somebody through a plan of care their insurance will not pay for, and you cannot get there while you are still talking about billing.

WHEN THEY PUSH BACK WITH "OKAY, BUT HOW DOES THAT WORK WITH MY INSURANCE?"

"Short version, you pay me at the visit and I give you a receipt, and your insurance may pay part of it. Let's make sure I'm the right person first, then I'll walk you through it."

MAKE IT YOURS

Rewrite it in your own words, out loud, then write down the version you actually said.

SKIP THIS ONE IF

You fill silence. The redirect works only if you ask and then listen. If you explain before they finish, it turns into the long speech from page two.

WHERE MOST CALLS QUIETLY END

The second and third thing they say

The first answer rarely ends it. These lines matter more than the opener.

THEY SAY

"I'm going to call around and check a few other places."

YOU SAY

"Smart, I'd do the same. Ask every one of them three questions. How many minutes do I actually get one on one with the therapist, do I see the same person every single visit, and do you specialize in [your thing] or do you treat everything? If you still want to talk after you've asked that a few times, call me back."

Send them out with your questions in their head and you have set the standard they judge everyone else by. The third one is the one nobody else can answer well.

THEY SAY

"Can't you just bill them for me?"

YOU SAY

"I can't bill them directly, and I'll give you a superbill with everything your plan needs on it, already coded and itemized. Most insurers let you upload it right in their app. If you hit a wall with it, call me and I'll help you get it sorted."

THEY SAY

"How much is it?" as the very first thing out of their mouth

YOU SAY

"First visit is $X, after that it's $Y. For what it sounds like you've got, plan on four to six visits total, so somewhere around $Z all in. Now tell me what's going on, because if I'm not the right person I'll tell you."

Give the total, not just the per visit number. A number with no plan attached sounds like a meter running, and the total is almost always less frightening than the per visit price multiplied by whatever they were imagining.

THEY SAY

"My doctor sent me to someone in network."

YOU SAY

"Then go see them, genuinely. If it's not going the way you want after three or four visits, call me and we'll talk. I'd rather be the second call that works than the first one you felt pushed into."

SAME QUESTION, THREE ROOMS

The right answer changes with the room

On the phone

You have the most runway here. The Redirect works because there is time for it, your voice is doing half the work, and you can hear the moment they relax. This is the best place to ask about their problem before you talk money.

In a DM or a web form

Short and direct, with a real number in it. A question asked in a DM that gets “give us a call and we can discuss it” usually dies right there, because the person asked a question specifically to avoid a phone call. Give the answer, give the range, and ask one thing back.

> “I’m out of network, so no insurance billing, but I give you a superbill to submit yourself. Visits are $X. What’s going on? If it’s something I can help with I’ll tell you how many visits it usually takes.”

At the end of the evaluation

They have paid you once and felt what the hour is like, so the question has changed. Lead with the plan, then the number, then the options, then stop talking.

> “Here’s what I think this takes. Six visits over about six weeks, once a week, and we’ll know by the third whether we’re on track. That’s $X total. You can pay per visit, or do the six up front which saves you $Y. Which is easier for you?”

ONE CAUTION WORTH KNOWING

Do not try to book several visits on that first phone call. That is where no shows come from. The multi visit plan belongs at the evaluation, after they have met you, not on the phone before they have.

THE EXPENSIVE HABITS

Five ways owners lose this call

01 Selling an hour instead of an outcome

An hour of physical therapy is a thing anybody can price shop, and once they are comparing hours, the cheapest hour wins.

Instead: Sell the result, the number of visits, and the timeline as one package. The next two pages are how.

02 Burying the no

The speech about reimbursement before the word “no” is the single most expensive habit in this whole document. It is the one thing the patient on page two was actually angry about.

Instead: Say the word “no” inside the first sentence, then explain for as long as you like.

03 Apologizing for the price

“I know it’s a lot” invites them to agree with you. Say the number, stop, and let it sit.

Instead: Say the number at the same volume you say your address, then be quiet and let them respond first.

04 Explaining policy before you know their problem

Nobody called a clinic hoping to learn about deductibles. They called because something hurts.

Instead: Ask what is going on, listen for a full minute, and let the mechanics wait until they have been heard.

05 Promising a reimbursement amount

You do not control their plan. “Plans often cover part of it” is honest, and a percentage is a liability.

Instead: Hand them the three questions to ask their own plan, so the number comes from the insurer and not from you.

IF YOU ONLY CHANGE ONE THING

Stop quoting an hour. Quote the outcome, the number of visits, and the total as one thing, and the comparison you keep losing stops existing. The next two pages are how.

PLAY ONE

CHANGE WHAT THEY ARE COMPARING

Sell a program, not an hour

The insurance question stays a price question only while you are selling an hour of physical therapy, because any clinic in town sells one of those. The comparison disappears once you are the only person with the thing they need.

WHAT THEY ASK YOU NOW

"Do you take insurance, and how much is it per visit?"

WHAT THEY ASK INSTEAD

"Is there anyone else near me who does this?"

Say you work with CrossFit athletes who cannot press overhead without pain. You stop being a physical therapist with an hourly rate and become the eight week overhead athlete program, and there is probably nobody within thirty miles running one.

HOW IT SOUNDS ON THE PHONE

"I don't bill insurance. What I actually do is an eight week program for overhead athletes who can't press without pain. It's X visits, with your own programming between them, and it's $Y start to finish. Is that what's going on with you?"

HOW TO BUILD ONE THIS WEEK

1. **Pick the patient you already get your best results with.** Not the one you wish you had. The one you have quietly become excellent at.
2. **Name the outcome and the timeline.** Back overhead in eight weeks. Running again by spring. Through a car ride without the room spinning.
3. **Fix the number of visits and price it as one number.** The whole thing, not the hour. Payment plans are fine, a per visit menu is not.
4. **Give it a name and put it on its own page of your website.** If someone searches the problem, that page is what they should find.

THE HONEST LIMIT

Do not invent a program for a patient you do not actually specialize in. This only works because the claim is true, and a program you cannot deliver is worse than an hourly rate you can.

PLAY TWO

TAKE THE RISK OFF THE TABLE

Put a conditional guarantee on it

When somebody says the price is too high, what they usually mean is that they are not sure it will work. They have paid for physical therapy before and gotten nowhere, so the money is not really the objection. The risk is.

You cannot out argue that worry, but you can take it off their shoulders and put it on yours, which no in network clinic in your town is in a position to do.

HOW IT SOUNDS AT THE END OF THE EVALUATION

"Here's how I work. Six visits over six weeks. You do your home program five days a week and log it for me. If you've had no measurable change by visit four, I'll refund those visits. That's how confident I am about this one."

WHY THE CONDITIONS ARE THE WHOLE TRICK

The condition is not fine print, it is the point. Asking them to do the home program and log it protects you from the person who was never going to do the work, and it makes them do the exact thing that makes the care succeed. You are trading the refund for compliance.

FOUR RULES BEFORE YOU OFFER ONE

1. **Measure something at visit one.** Range, pain with a task, a distance, a time. "No improvement" has to mean a number you both saw, not a feeling you argue about later.
2. **Put it in writing, in plain language,** on the plan of care they sign. Two sentences is enough.
3. **Cap your exposure.** Refund the first block of visits, not the whole program, and offer it only on the cases you are genuinely confident in.
4. **Check your own ground first.** Guarantee wording in healthcare advertising is worth running past your state practice act and your liability carrier.

WHAT IT DOES TO THE PRICE CONVERSATION

It ends it. Someone deciding between you and a clinic that takes their insurance is no longer comparing two prices, they are comparing a maybe with a promise.

CUT THIS OUT

The card for beside your phone

Tape it up, and have everyone who answers the phone use the same six lines.

FRONT DESK CARD

“So, do you take insurance?”

Six lines. In this order. Every time.

1. Answer the question in the first fifteen seconds. Out of network, no insurance billing.
2. Then ask what’s going on, and let them talk for a full minute.
3. Name the program and the outcome, not the hourly rate.
4. Say the price and the number of visits together, as one total.
5. Offer the superbill and the three questions for their plan.
6. If you can’t help them, say so and point them somewhere good.

THE PART THAT IS NOT A SCRIPT

Why the warm ones barely ask

Someone who has read your emails, watched you explain their exact problem on video, or found you by searching the thing that hurts, calls you already mostly decided. They ask about insurance the way you ask a restaurant whether they take Apple Pay. The people who treat the answer as a pass or fail test found you twenty minutes ago on Google and have three other clinics open in other tabs.

So the five scripts are the right tool for the cold calls coming in today. The two plays are better, because a program nobody else runs and a guarantee nobody else offers change the question instead of answering it. Neither one fixes how many of your calls start cold, and that happens earlier, in what Google and the AI assistants say about you when somebody types their symptoms in at eleven at night.

IF YOU WANT TO SEE WHERE YOU STAND

I run a free AI visibility report that shows what ChatGPT and Google's AI answers currently say about your clinic when someone searches for what you treat. No call required, and it is useful on its own whether or not we ever talk.

Get the free report

behindthepractice.io/ai-visibility-report

If you'd rather skip the report and just talk it through, text or call me at **(463) 223-9472** and tell me which part you're stuck on.

Either way, go practice one of these out loud in the car. It makes more difference than picking the right one.

Jordan Clevenger PT, DPT
Founder, Behind the Practice.

BEHIND THE PRACTICE

I help cash based physical therapy practices get found online and turn more of those calls into booked evaluations.

Built by a PT, for PTs. · behindthepractice.io