

## Determining Out of Network benefits for Outpatient Physical Therapy

This worksheet was created to help you determine this coverage

Have your name, date of birth and insurance ID# ready when you call. (If you plan is under someone else, make sure to have their name, date of birth and insurance ID# available too.)

1. Call the toll free customer service # on your insurance card. Speak with a customer service provider, not an automated system.

Name of Representative: \_\_\_\_\_

Time/Date of Call: \_\_\_\_\_

2. Ask the customer service provider to quote your physical therapy benefits specifically. These are frequently termed “rehabilitation benefits”

3. Make sure the customer service provider understands you are seeing an out of network provider. (Sometimes referred to as a non-preferred provider)

### WHAT TO ASK THEM:

1. Do you have a deductible for out of network benefits? Yes / No

A. If yes, how much is it? \_\_\_\_\_

B. How much has already been met? \_\_\_\_\_

2. What percentage of services are covered by insurance for an out of network provider ? (50%. 60%, 80%, 90%, are all common)

\_\_\_\_\_

3. Do I have an out of network copay? Yes / No

A. If yes, how much is it per visit? \_\_\_\_\_

4. Does your policy require a written prescription from your physician? Yes / No

A. If yes, can it be a written prescription from any physician, or does it have to be from your PCP (Primary Care Physician) ?

\_\_\_\_\_

B. Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? Yes / No

C. If yes, do they have one on file? Yes / No

5. Is there a \$ or visit limit per year? Yes/No If Yes, What is it?

\_\_\_\_\_

Has any of it been used this year? \_\_\_\_\_

6. Do you require a special form to be filled out to submit a claim? Yes / No  
How do I obtain it? \_\_\_\_\_

\_\_\_\_\_

7. What is the mailing address you should submit claims/reimbursement forms to?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is there an online website where you can submit the claim? Yes/No  
What is the address? \_\_\_\_\_

9. Confirmation number of the call \_\_\_\_\_

### **What does this information mean?**

A deductible must be satisfied before the insurance company will pay anything for therapy treatment. Submit all bills to help reach the deductible amount.

The % reimbursement will be based on your insurance company's established "reasonable and customary/fair price" for the services rendered. This price will not necessarily match the charges billed. If your policy requires a prescription from your physician you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.

If your policy requires preauthorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office and ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.

This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.

Please contact us if you have any further questions or would like help understanding your benefits. **KEEP THIS WORKSHEET FOR YOUR RECORDS**