

Insurance Determination Worksheet

HOW TO DETERMINE YOUR INSURANCE BENEFITS FOR PHYSICAL THERAPY

Use This Worksheet and Keep For Your Records

1. Call the toll free member services number on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your "Out of Network physical therapy, in the office, benefits."
3. These are frequently termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.

WHAT YOU NEED TO KNOW:

- Do you have a deductible? _____
 - If so, how much is it? _____
 - How much of this deductible have you already met? _____
- What percentage of reimbursement do you have? (60%, 70%, 80%, 90%, are all common) _____
- Does your policy require a written Referral from your primary care physician? _____
- Does your policy require pre-authorization on file for outpatient physical therapy services? _____
- If yes, do they have one on file? _____
- Is there a \$ or visit limit per calendar year or plan year? _____
 - If it is a plan year, what are the dates? _____
 - \$ limit _____
 - Visit limit _____
- What is your out of pocket amount? _____
- Do you require a special form to be filled out to submit a claim? _____
- What is the mailing address you should submit claims/ reimbursement forms to?

WHAT THIS INFORMATION MEANS:

- An out of network deductible must be satisfied before the insurance company will pay for therapy treatment.

You need to submit all bills to help reach the deductible amount.

- The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed, some codes may be less, and some may be more.
- If your policy requires a physical therapy Referral from your PCP (Primary Care Physician), you must obtain one to send in with the claim. This is usually not difficult to obtain, since your primary care provider sent you to a specialist for help with your condition.
- If you do not need a referral, you need to send a copy of your physical therapy prescription from your doctor with your claims.
- Once you reach your Out of Pocket amount, then the insurance company will no longer apply a coinsurance percentage. This means they will pay the remainder of the allowable amount, not requiring a cost share from you. Again, the amount they will pay is according to their reasonable and customary charge fee schedule.