

JOINT EFFORT MANUAL PHYSICAL THERAPY

Specializing in Women's Health and Orthopedics

Insurance Benefits Worksheet

This form will assist you in obtaining reimbursement for physical therapy services. This is not a guarantee of reimbursement.

1. Call the toll free # for customer service 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 physical therapy benefits for an out of network provider who your doctor has referred you to.

What you need to know for out of network provider benefits:

1. Do you have a deductible? *Yes/No* If so, how much is it? _____ How much has been met? _____
2. What is the percentage of reimbursement (60%, 80%, 90% are all common)? _____
3. Is a written prescription from your physician required? *Yes/No*
If yes, can it be from any MD, or specialist your PCP referred you to? _____
4. Is pre-authorization or a referral on file for outpatient physical therapy services required? *Yes/No*
5. Is there a \$ or visit limit per year? *Yes/No* If yes, how much or how many per year? _____
6. What is required to submit a claim? _____
7. What is the mailing address to submit claims? _____

What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- If you have an office visit co-pay the insurance company will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.
- The reimbursement percentage is 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.
- If your policy requires a prescription from your PCP, you must obtain one to send in with the claim. Each time you receive an updated prescription you will need to include it with the claim.
- If your policy requires pre-authorization or a referral on file and the insurance company does not have one listed yet, you will need to call the referral coordinator at your PCP's office. Ask them to file a referral for your physical therapy treatment 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 will need the referral coordinator to submit a request for more treatment.