How to Determine Your Out-of-Network Insurance Benefits for Physical Therapy

1. Call the toll free number for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative, not an automated system.

2. Ask the customer service provider to quote your ***OUTPATEINT, OUT-OF-NETWORK*** physical therapy benefits. These are frequently termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy and chiropractic care.

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

Questions to ask the customer service representative

Name: _____

Date/time: _____

- Do I have Out-of-Network Benefits for Outpatient Physical Therapy? Yes ☐ No ☐
- Do I have a deductible? Yes ☐ No ☐
    - If yes, how much is it? _____
    - How much has already been met? _____
- Do I have a per calendar year plan or a per benefit year plan?
    - If per benefit year, what are my dates of coverage? _____
- What percentage of coverage is my responsibility for seeing an OON provider? _____
- Does my policy require a written referral or prescription? Yes ☐ No ☐
    - If yes, a written prescription from ANY prescribing provider?

      (eg: physician, nurse practitioner, podiatrist, chiropractor) Yes ☐ No ☐
    - If no, does it have to come from a PCP (primary care provider)? Yes ☐ No ☐
        - What is the name of the PCP on file? _____

- Is pre-authorization required for physical therapy services? Yes ☐ No ☐
    - If yes, do I have one on file? Yes ☐ No ☐
    - What is the expiration date? _____
- Is there dollar amount or visit limit per year? Yes ☐ No ☐
    - If yes:
        - Dollar amount? _____
        - Visit limit _____
- Do I require a special form to submit a claim? Yes ☐ No ☐
    - If yes, how can I obtain it? _____
- What is the mailing address where I should send claims/ reimbursement forms?

  _____
- Can I submit my claim on-line? Yes ☐ No ☐
    - How? _____

Navigating insurance can be difficult, we will do everything we can to help you with this process. Below is some helpful information. Please understand, this worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.

• 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 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 may be less, some may be more.
• If your policy requires a prescription or referral from a provider 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 pre-authorization and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your provider's office. Ask her 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.