



Address
Sea Girt, NJ

How to determine your insurance benefits for Out of Network Physical Therapy

1. Call the 1-800 number 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 in general. These are frequently termed rehab benefits and include occupation therapy, speech therapy and sometimes massage therapy.
3. Make sure that the customer service provider understands you are seeing a non-preferred provider/out of network provider.

WHAT YOU NEED TO KNOW	WHAT THIS INFORMATION MEANS
<p>Do you have an OUT OF NETWORK deductible? Is so, how much is it? _____</p> <p>How much of the deductible has been met? _____</p> <p>What percentage of the reimbursement do you have after the deductible is met? (60%, 80% and 90% are all common) _____</p> <p>Does your policy require a written prescription or a referral on file for outpatient physical therapy services? _____</p> <p>How many physical therapy visits are you allowed per year? _____ How many have you used this year? _____</p> <p>Is the plan based on the calendar year? _____</p> <p>If not, what are the plans dates? _____</p>	<ul style="list-style-type: none"> • A deductible must be met before the insurance company will pay for therapy treatment. We can provide receipts for you to give to your insurance company to help reach this deductible. • If you have an office visit copay the insurance company will subtract that from the percentage they 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 than you have paid. • If your policy requires a prescription from your MD you must obtain one to send in with the claim. If that is required, make sure you have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with the claim. • If your policy requires pre-authorization 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 doctor's office. 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 at your doctor's office to submit a request for more treatment.

This worksheet was created to help you obtain reimbursement for physical therapy services and is not a guarantee of reimbursement to you.