

# How to Understand Your Insurance

This worksheet is to assist you in obtaining reimbursement and is not a guarantee of reimbursement.

## STEPS TO DETERMINE YOUR OUT-OF-NETWORK INSURANCE BENEFITS

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 out-of-network physical therapy benefits, and specifically get the following information:

Deductible: Do you have a deductible for out-of-network providers? Yes/No. If yes, how much is it? \_\_\_\_\_. How much has already been met? \_\_\_\_\_. Your deductible is how much you must pay before your insurance company will pay for treatment. Submit all your bills to help meet your deductible.

Co-Pay: What percentage of reimbursement do you have for out-of-network providers? \_\_\_\_\_. 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. Note: The amount of reimbursement is often based on a percentage of what your insurance company considers "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed.

Prescription/Referral: Does your policy require a written prescription from your primary care physician? Yes/No. If yes, will a written prescription from any MD/physician, or a specialist your PCP (primary care physician) referred you to be accepted? Yes/No. If your policy requires a prescription or referral, you must obtain one to send in with the claim. This is usually not difficult to obtain. Call your physician's office and ask for a prescription dated to cover the initiation of your treatment. Referrals and pre-authorizations expire, so track this and update this as needed.

Pre-Authorization: Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? Yes/No. If yes, do they have one on file? Yes/No

Limitations: Is there a limitation on the total reimbursement of the total number of physical therapy visits per year? Yes/No. If Yes, What is it? \_\_\_\_\_

How to submit claims: Do you require a special form to be filled out to submit a claim? Yes/No. If yes, how do I obtain it? \_\_\_\_\_. There is typically a 1-page form that needs to be completed for each visit and mailed in. What is the mailing address you should submit claims/reimbursement forms to? \_\_\_\_\_. Is there an online website where you can submit the claim? Yes/No What is the address? \_\_\_\_\_