

How to Determine Your Insurance Benefits for Physical Therapy

KEEP THIS WORKSHEET FOR YOUR RECORDS

- 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 in general. These are frequently termed rehabilitation benefits and may include occupational therapy, speech therapy, and sometimes massage therapy in addition to physical therapy.
- 3. Make sure the customer service provider understands **you are seeing a non-preferred provider/out-of-network provider**, via direct access or for whom you have a doctor's referral.

A special note to patients with Medicare: Restore Physical Therapy is not an enrolled provider with Medicare, and patients cannot be reimbursed by Medicare for visits at this clinic.

What YOU need to know:	
•	Does your policy require pre-authorization/a referral on file for outpatient physical therapy services?
•	Do you have a deductible? If so, how much is it? How much is already met?
•	What percentage of reimbursement do you have? (60%, 79%, 80%, 90%, are all common)
•	Does reimbursement change since you are seeing a non-preferred/out-of-network provider?
•	Does your policy require a written prescription?
•	Will a written prescription from any type of provider be accepted?
•	If yes, do they have one on file?
•	Is there a dollar amount limit or visit number limit per year?
•	Do you require a special form to be filled out to submit a claim? How do you find the form?
•	What is the mailing address you should submit claims/ reimbursement forms to?

What this information means:

• 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 PCP'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 to submit a request for more treatment.

- 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 fee you paid for services at Restore Physical Therapy.
- If your policy requires a prescription from your PCP you must obtain one to send in with the claim. This is
 usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. Each time
 you receive an updated prescription you'll need to include it with the claim.

This worksheet was created to assist you in obtaining reimbursement for physical therapy services and is not a guarantee of reimbursement to you for services received at Restore Physical Therapy.