



RECOMMENDED STEPS TO DETERMINE YOUR PHYSICAL THERAPY BENEFITS:

If you have out of network benefits, please bring this completed form to your first visit and keep a copy for your records.

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 provider, not an automated system.
2. Ask the customer service provider to quote your out of network physical therapy benefits in general. These are frequently termed rehabilitation benefits and can include occupational, speech, and sometimes massage therapy.
3. Make sure the customer service provider understands that you are seeing a specialist who is a non-preferred/out of network provider.

What YOU need to know:

- Do you have out of network benefits? YES/NO
 - Do you have a deductible? ____ If so, how much is it? ____ How much is satisfied? ____
 - What percentage of reimbursement do you have? ____
 - Does your policy require a written prescription from your primary care physician? ____
 - Will a written prescription from any MD, or a specialist your PCP referred you to be accepted? ____
 - Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? ____ If yes, do they have one on file? ____
 - Is there a PT \$ or visit limit per year? ____ If yes, what amount remains? ____
 - If you are submitting yourself, do you require a special form to be filled out to submit a claim? ____ What is the address you should submit claims/reimbursement forms to?
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In addition to the above, please include the following information:

- Who is the primary policyholder? _____
- What is policy holder's relationship to the patient? _____
- Birthdate of policy holder? _____

***This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you. ***