

How to Determine Your Insurance Benefits for Physical Therapy

Park Avenue Physical Therapy

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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. As the customer service provider to quote your physical therapy benefits in general. These are frequently termed rehabilitation benefits and can include occupational therapy and speech therapy.
3. Make sure to ask the customer service provider what your preferred provider/in-network versus a non-preferred provider/out-of-network provider are for outpatient physical therapy.

What YOU need to know:

- Do you have a deductible? Yes/No If yes, how much is it? _____ How much has already been met? _____
- What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) _____
- Does the rate of reimbursement change because you're seeing a non-preferred provider? Yes/No
- 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
- 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
 - Is there a dollar or visit limit per year? Yes/No If Yes, what is it? _____
 - Do you require a special form to be filled out to submit a claim? Yes/No How do I obtain it?

4. What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment. We 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.
- The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair" 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 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 visits limit, you'll need the referral coordinator to submit a request for more treatment.

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

Please contact us if you have any further questions or would like help understanding your benefits.

KEEP THIS WORKSHEET FOR YOUR RECORDS