



Benefits Script for Out of Network Physical therapy

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 physical therapy benefits in general. These are frequently termed *rehabilitation benefits*.
3. Make sure the customer service provider understands you are seeing a *non-preferred provider/out-of-network provider*.

Ask the following questions:

1. Do you have a deductible? Yes / No
 - a. If yes, how much is it? \$_____
 - b. How much has already been met? \$_____
2. What percentage of reimbursement do you have? _____% (60%, 80%, 90%)
 - a. Does the rate of reimbursement change because you're seeing a non-preferred provider? Yes / No
3. Does your policy require a written prescription from your primary care physician? Yes / No
 - a. If yes, will a written prescription from any MD/physician, or a specialist, be accepted? Yes / No
4. Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? Yes / No
 - a. If yes, do they have one on file? Yes / No
5. Is there a dollar or visit limit per year? Yes / No
 - a. If yes, what is it? \$_____
6. Do you require a special form to be filled out to submit a claim? Yes / No
 - a. How do I obtain it?
7. What is the mailing address you should submit claims/reimbursement forms to?
8. Is there an online website where you can submit the claim? Yes / No
 - a. What is the website address?



What this information means:

- A *deductible* must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the amount of the deductible.
- 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.
- 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, some may be more.
- If your policy requires a *prescription* or *referral* from your primary care provider (PCP) you must obtain one to send in with the claim. This is usually not difficult to obtain if your PCP sent you to a specialist for help with your condition. If the referral from an MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral 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 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.

This worksheet was created to assist you in obtaining reimbursement for physical therapy services and is not a guarantee of reimbursement to you. Keep this worksheet for your record.