



**Self Referral for Physical Therapy Advice Letter**

Dated: \_\_\_\_\_

Patient name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Please check here if you would like us to send your initial visit to your primary care provider.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Physical Therapist's signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF ADVICE:**

Dear Patient:

The State of New York recently passed a bill that allows self-referral for physical therapy. This means that patients may see a physical therapist without a doctor's prescription. However, the law does not mandate that insurance companies must pay for physical therapy without a doctor's prescription. Each insurance company can decide whether they will or will not pay for self-referral. The new law allows patients to have 30 days of physical therapy or 10 visits, whichever comes first. Physical therapists must have three years (1095 days) of experience to provide this service.

It is the responsibility of the patient to contact their insurance carrier to find out if the patient's insurance plan covers self-referrals for physical therapy. Patients are responsible for payment of self-referred physical therapy at the time of service, unless they can provide documentation from the insurance carrier that these services will be covered.

Sincerely,

A handwritten signature in black ink that reads "Heather Hollister".

Heather Hollister  
Business Manager