



# ACE ELITA

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## **How to determine your insurance benefits for Physical Therapy**

- Navigating insurance can be difficult, we will do everything we can to help you with this process. Below is some helpful information.
- Please understand, this worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.
- A deductible must be satisfied before the insurance company will pay for therapy treatment. 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. 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 a provider you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.
- If your policy requires pre-authorization and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your provider's office. Ask her 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.



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## KEEP THIS WORKSHEET FOR YOUR RECORDS

1. Call the 1-800 # 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 OUTPATIENT, OUT- OF- NETWORK physical therapy benefits. These are frequently termed rehab benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. \*\*\*Make sure the customer service provider understands you are seeing a non preferred, out-of-network provider who your doctor referred you to.\*\*\*

Questions to ask the customer service representative

Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Do I have Out-of-Network Benefits for Outpatient Physical Therapy?      Yes      No

Do I have a deductible?      Yes      No

If Yes, how much is it? \_\_\_\_\_

How much has already been met? \_\_\_\_\_

Do I have a per calendar year plan or a per benefit year plan? \_\_\_\_\_

If per benefit year, what are my dates of coverage? \_\_\_\_\_

What percentage of coverage is my responsibility for seeing an Out-of-Network provider? \_\_\_\_\_

Does my policy require a written referral or prescription?      Yes      No

If yes, a written prescription from ANY prescribing provider?  
(Ex. Physician, nurse practitioner, chiropractor, podiatrist)      Yes      No

If no, does it have to come from a primary care provider (PCP)?      Yes      No

What is the name of the PCP on file? \_\_\_\_\_



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Is pre-authorization required for physical therapy services? Yes No

If yes, do I have a preauthorization on file? Yes No

What is the expiration date? \_\_\_\_\_

Is there dollar amount or a visit limit per year? Yes No

If yes:

Dollar amount \_\_\_\_\_

Visit limit \_\_\_\_\_

Do I require a special form to submit a claim? Yes No

If yes, how can I obtain it? \_\_\_\_\_

What is the mailing address where I should send claims/reimbursement forms?

\_\_\_\_\_

Can I submit my claim online? Yes No

How? \_\_\_\_\_