



How to Determine Your Insurance Benefits for Physical Therapy

We do not have contracts with any insurance companies, meaning we are an “out of network provider” for all insurances. Because you have chosen to contract with us, rather than the insurance company, we are able to give you the knowledgeable attention and treatment that you deserve as an individual to help you meet your personal goals. Our fees are time based and are one-on-one with the same physical therapist, beginning to end; we do not utilize assistants, techs or aides.

KEEP THIS WORKSHEET FOR YOUR RECORDS

1. Call the toll free # for customer service on the back of 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 and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. ***Make sure the customer service provider understands you are seeing an out of network provider who your doctor referred you to.***

What YOU need to know:

- Do you have a deductible? _____
If so, how much is it? _____ How much is already met? _____
 - What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) _____
 - Do you have a copay? _____ If so, how much is it? _____
 - Does the rate of reimbursement change because you're seeing a non-preferred provider? _____
 - 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 for outpatient physical therapy services? _____
If yes, do they have one on file? _____
 - Is there a \$ or visit limit per year? _____
 - Do you require a special form to be filled out to submit a claim? _____ If yes, please have them send this to you.
 - What is the mailing address or fax number you should submit claims/reimbursement forms to? Can you do this online?
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What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment. You will need to 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 from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. If the prescription from a MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with the claim. If your provider faxed this to North Star Abdominopelvic Physical Therapy, we will be able to provide a copy to you.
- 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. Your physician will give your insurance company an authorization number, which you will keep for your records. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit.

This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you. You will receive a receipt with all information required to submit claims to your insurance company for reimbursement.

Please note: the state of Texas requires a referral to PT, regardless of using an In/Out of network provider. Please discuss with your provider if you do not have a referral, and they will assist you in obtaining one.