

Suggestions for Submitting Your Insurance Claim

1. Gather your insurance card, this form, pen and paper. If you are not the primary insurance holder, have that person's birth date and social security number.
2. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative.
3. Ask the customer service representative you're OUT OF NETWORK Physical Therapy benefits. Physical therapy may also be referred to as rehabilitation services.

What you need to know:

Do you have a deductible ____ If so, how much is it? _____ How much is already met?

What % of reimbursement do you have? (60%, 80%, 90%?) _____

Does the rate of reimbursement change because you are seeing an out of network PT?

Does your policy require a written prescription from your primary care physician (PCP)?

If you were seen by a specialist, will you need a referral from your PCP as well?

Does your insurance require a pre-authorization or a referral on file with your insurance company for outpatient PT services?

If yes, do they have one on file set up by your referring doctor?

If not, what steps do you need to take to arrange the authorization?

Is there a limited \$ amount or number of visits per year?

Is there a special form to be filled out to submit a claim?

What is the mailing address you should submit claims/reimbursement forms to?

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 deductible amount.

If you have an office visit co-pay the insurance company will subtract that amount from the % they will pay. This will affect the amount of reimbursement you will receive.

The reimbursement % will be based on your insurance company's established "reasonable & 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 you have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with your claims.

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 PT treatments that is dated to cover your first PT 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 PT services and is not a guarantee of reimbursement to you.