



How To Determine Your Insurance Benefits for 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 and can include occupational therapy, speech therapy, and sometimes massage therapy too.
3. Make sure the customer service provider understands you are seeing Dr. Angie M. Cain, Physical Therapist so they can direct you to in-network or out-of-network
4. If pre-authorization or pre-certification is required per your insurance plan, please allow one week to process BEFORE your initial visit. Let BodySync know immediately and whether a form is required to fill out. You must provide this form to your therapist.

A special note to patients with Medicare and Medicaid: Under rules promulgated in 2013 by the Department of Health and Human Services under the Health and Insurance Portability and Accountability Act of 1996 (HIPAA) an exception to Medicare's mandatory claims filing requirement has been created. In the 2013 guidance, HHS notes an existing proviso in Medicare law that if a Medicare patient refuses, of his/her own free will, to authorize the submission of a bill to Medicare, then the practice is not required to submit a claim to Medicare for the covered service and may accept an out-of-pocket payment, in full, from the patient.

What YOU need to know:

- Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? ____
- 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%, 100%, are all common)
- Does the rate of reimbursement change if you see an out-of-network provider? _____
- Is there a dollar amount or visit limit per year for physical therapy services? _____
- Do you require a special form to be filled out to submit a claim? _____
- What is the mailing address I should submit claims/reimbursement forms to?

WHAT THIS INFORMATION MEANS:

If your policy requires pre-authorization or a specific referral on file and the insurance company doesn't have one listed yet, you will need to call your PCP's office and request it. 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.

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 fee you paid for services at BodySync Physical Therapy.

This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.