

How to Determine Your Insurance Benefits for *Out-of-Network* Physical Therapy

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1. Call the toll-free # for customer service on your insurance card. Select the option that allows 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 a **non-preferred** or **out-of-network provider**.

What **YOU** need to know:

- Do you have a deductible? Yes / No
- If yes, how much is it? _____
- How much has already been met? _____
- What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) _____
- Does the rate of reimbursement change because you're seeing a non-preferred provider? Yes / No
- Does your policy require a written prescription from your primary care physician? Yes / No
- If yes, will a written prescription from any MD/physician, or a specialist your PCP (primary care physician) referred you to be accepted? Yes / No
- Does your policy require pre-authorization or a referral on file for outpatient PT services? Yes / No
- If yes, do they have one on file? Yes / No
- Is there a \$ or visit limit per year? Yes / No If Yes, What is it? _____
- Do you require a special form to be filled out to submit a claim? Yes / No How do I obtain it?
- What is the mailing address you should submit claims/ reimbursement forms to?

- Is there an online website where you can submit the claim? Yes / No What is it? _____

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 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 your PCP, you must obtain one to send in with the claim. This is usually not difficult to obtain if your PCP sent you to a specialist for help with your condition. If the referral from an MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral, you'll need to include it with the claim.
- 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. 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 Physical Therapy services and is not a guarantee of reimbursement to you.

Please contact us if you have any further questions or would like help to understand your benefits.

KEEP THIS WORKSHEET FOR YOUR RECORDS