

Insurance Benefits Worksheet

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 representative (please do not use the automated system).

Ask the customer service provider to quote your outpatient, out-of-network physical therapy benefits. These are frequently termed "rehabilitation benefits".

Specific Questions to Ask

Name of Representative: _____ Today's Date: _____

Do I have out-of-network benefits for physical therapy? Yes No

Do I have a deductible? Yes No

- If yes, what is it? _____
- How much has already been met? _____

Do I have a per calendar year plan or a per benefit year plan? Per calendar yr Per benefit yr

- 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, podiatrist, chiropractor) Yes No
- If no, does it have to come from a PCP (primary care provider)? Yes No
 - What is the name of the PCP on file?

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

- If yes, do I have one on file? Yes No
- What is the expiration date? _____

Is there a dollar amount or visit limit per year? Yes

- If yes: Dollar amount _____

Do I require a special form to submit a claim? Yes

- 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?
