
Out-of-Network Insurance Reimbursement Reference Sheet



Navigating insurance can be difficult, we hope this information helps. This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.

Determine Your Benefit

Step 1: Everyone's plan and policy are different, so the first step is to call the toll-free number on your insurance card. Select the option that allows you to speak with a customer service representative, not an automated system.

Step 2: Ask the customer service provider to quote your outpatient, out of network physical therapy benefits. Ask the questions below to obtain the most information possible to guide your decisions and expectations regarding reimbursement.

Step 3: An invoice with all the information needed for insurance reimbursement is generated and automatically uploaded to your patient portal after each visit. Submit these invoices to your insurance company for reimbursement.

...There's an app for that! Consider downloading and utilizing the app **Reimbursify** (reimbursify.com). It's a simple way to submit your invoices and manage your out of network claims.

Basic Definitions

- **Deductible:** the amount of money you must pay before insurance will pay for treatment
- **Co-pay:** the amount of money you pay out of pocket per visit
- **Reimbursement:** the amount/percentage of money you will receive for services. This will be based on your insurance company's established "reasonable and customary/fair price" for the services rendered. This will not necessarily match charges billed, sometimes it's more, sometimes it's less.
- **Referral or Prescription:** If you have an HMO plan, you must obtain a referral from a provider for therapy services to be reimbursed. Each time you receive and updated referral, you must include it with the claim.
- **Pre-Authorization:** some policies require pre-authorization, which means you'll have to call the referral coordinator at your providers office and ask him/her to file an authorization for your PT treatment that is dated prior to your first appointment. Be aware that referrals and pre-authorizations have an expiration date, and some set a visit limit. If you are approaching this expiration date or visit limit, you'll need the referral coordinator to submit a request for further treatment.

Questions For Customer Service Representative

Name of Representative: _____ Date/Time: _____

1. Do I have Out-of-Network Benefits for Outpatient Physical Therapy? Yes No

2. Do I have a deductible? Yes No
If yes, how much is it? _____
How much has already been met? _____

3. Do I have a per calendar year plan or a per benefit year plan? Calendar Benefit
If per benefit year, what are my dates of coverage? _____

4. What percentage of coverage is my responsibility for seeing an OON or non-preferred provider?

5. Does my policy require a written referral or prescription from my primary care physician (PCP)? Yes
No
If yes, what is the name of the PCP on file? _____
If yes, does it need to come from my PCP or will a referral from any MD/physician, nurse practitioner (NP), Physician's Assistant (PA), or a specialist my PCP referred me to be accepted?

6. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services?
Yes No
If yes, do they have one on file? _____
What is the expiration date? _____
Is there a dollar or visit limit per year? If yes, what is it? _____

7. Do you require a special form to be filled out to submit a claim? Yes No

8. How can I send claims and reimbursement forms? Mailing address Online

9. What is the mailing address where I should send claims and reimbursement forms?

10. If there is an online website where I can submit my claim online, what is it?

Other information your insurance company may request:

-NPI# 1003440025

-Common CPT/Procedure codes: 97162, 97110, 97140, 97112, 97530, 97535