



HOW TO DETERMINE YOUR INSURANCE BENEFITS FOR PHYSICAL THERAPY

Dear Valued Patient,

Movement Physical Therapy, LLC is committed to you having a positive all-around experience while in our care. To assist with this process, we highly recommend that you understand your insurance benefits. Generally, Movement Physical Therapy will not know all of the specific details of your insurance until *after* we have billed it. We do not wish to assume your benefits and give you any false pretenses. Below is a general guide of how to determine your insurance benefits for Physical Therapy services.

1. Call the toll-free phone 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.
3. Make sure the customer service provider understands you are seeing a preferred provider/in-network provider who your doctor referred you to.

What YOU need to know:

- ◇ Do you have a deductible? ____ If so, how much is it? ____ How much has already been met? ____
- ◇ Do you have an out-of-pocket maximum? ____ If so, how much is it? ____ How much has already been met? ____
- ◇ Do you have a copay or coinsurance? ____ If so, how much is it? ____
- ◇ What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) ____
- ◇ Does the rate of reimbursement change because you're seeing a preferred provider? ____
- ◇ Does your policy require a written prescription from your primary care physician (PCP)? ____
- ◇ Will a written prescription from any MD (or a specialist that your PCP referred you to) be accepted? ____
- ◇ Does your policy require pre-authorization or a referral on file for outpatient Physical Therapy services? ____
- ◇ If yes, do they have one on file? ____
- ◇ Is there a monetary or visit limit per year or condition? ____ If so, what is it? ____

What this information means:

- ◇ A deductible must be satisfied before the insurance company will pay for treatment.
- ◇ The copay, coinsurance, and deductible will be billed to you at the end of the monthly billing cycle. You may also pay it at the time of service.
- ◇ The reimbursement amount 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. Oftentimes it is a rate contracted between Movement Physical Therapy and your insurance company. You will likely receive an explanation of benefits (EOB) from your insurance company before you receive a bill from Movement Physical Therapy.
- ◇ If your policy requires a prescription from your PCP you must obtain one to provide to Movement Physical Therapy. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. Each time you receive an updated prescription you'll need to provide it to Movement Physical Therapy.
- ◇ 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.

KEEP THIS WORKSHEET FOR YOUR RECORDS. It was created to assist you in understanding your Physical Therapy benefits and is not a guarantee of actual benefits or a guarantee of payment.