



INSURANCE BENEFIT WORKSHEET

KEEP THIS WORKSHEET FOR YOUR RECORDS

Today's reimbursement climate is in a constant state of flux. It is not possible for our billing department to fully grasp the booklet detail of each individual's physical therapy coverage. In order to assist you to fully understand your physical therapy coverage under your insurance plan, we have developed this questionnaire to facilitate conversations with your insurance company representatives, to be completed PRIOR to your first visit. Though we also verify your benefits, this may not occur until after your first appointment. Of critical importance for you to know PRIOR to your first appointment is 1) your CO-PAY or CO-INSURANCE amount and 2) whether your physical therapist is a PREFERRED PROVIDER or IN or OUT of network for your plan. Though we do bill insurance as a courtesy, all of our physical therapists are not providers for all insurance plans. If your PT is not a preferred provider for your plan, your visits will be processed at out of network benefits.

- ✂ Insurance plan name or program name: _____
- ✂ Member ID number: _____ Group number: _____
- ✂ Customer Service phone number (w/area code) _____
- ✂ Name of customer service representative: _____
- ✂ Insurance claim address: _____
- ✂ Date eligibility began: _____
- ✂ Deductible: \$ _____ \$ Met _____ Co-pay: \$ _____ Co-insurance: \$ _____
- ✂ Maximum allowable benefit for physical therapy: \$ _____ or # visits _____
- ✂ Remaining \$ _____ # visits _____ for current year as of _____ (date).
- ✂ Is my physical therapist a PREFERRED PROVIDER for my plan? yes no
- ✂ If your company is an HMO or PPO, and we are NOT a provider for the plan, what is the benefit coverage for 360 sports medicine & spine therapy? (i.e., 60%, 80%, etc.).
- ✂ Does this plan require a referral (NOTE: a referral and prescription are not one and the same) from the primary Care physician to 360 sports medicine & spine therapy for payment of services? yes no
- ✂ Does this plan require pre-authorization for physical therapy? yes no

We realize that completion of this form is an added burden to you as a consumer, and we thank you very much for your assistance. This completed form will provide you with important information regarding your physical therapy insurance benefits, and enable us to process your claim in a timely basis.

WHY THIS INFORMATION IS IMPORTANT FOR YOU TO KNOW

- ✂ Today's complicated reimbursement climate is in a constant state of flux. It is not possible for our billing department to understand the details of each individual's physical therapy coverage. It is to your advantage to fully understand all the details of your particular plan.
- ✂ Your deductible must be satisfied before the insurance company will pay for treatment. You will be billed for any deductible amount unmet at the time of service.
- ✂ Office co-pays and/or co-insurance are due at the time of service. The co-pay amount or co-insurance percentage on your insurance card may not be the co-pay amount for physical therapy visits. You will want to obtain this information from your insurance customer service representative.
- ✂ Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility. You will be billed for your co-insurance amount at the time of service.
- ✂ If your policy requires a prescription from your primary care physician (PCP) or non-physician practitioner (NPP), you must obtain a current prescription in order for your plan to pay for physical therapy services. You must have a current prescription for the duration of your physical therapy care.
- ✂ If your policy requires a referral or pre-authorization on file, you will need to contact your PCP's referral coordinator and ask that a current copy be sent to both your insurance company and our office.
- ✂ Be aware that prescriptions, referrals, and pre-authorizations have expiration dates and/or a set visit limit. Check to be sure your paperwork has not expired prior to your first visit. We will assist you in tracking expirations of prescriptions, referrals, or pre-authorizations once you have begun care with us.
- ✂ All our physical therapists are not preferred providers for all physical therapy plans. It is important for you to understand whether your physical therapist is a preferred provider for your plan. If your PT is not a preferred provider for your plan, you will be eligible for out of network benefits. Our office will go over details of out of network billing options with you.
- ✂ Rehabilitation benefits may include occupational therapy, speech therapy, massage therapy, or acupuncture. In addition, physical and chiropractor office can provide and bill for physical therapy services. These services will be paid out of the same benefit limit, so please keep this in mind for co-treatment with chiropractic providers when tracking visit usage. You may request for your chiropractic provider to not use PT codes to preserve your PT benefit.
- ✂ Keep in mind that PT 360 can ONLY TRACK your plan and prescription limits for services provided at PT 360. It is YOUR responsibility to track services received from other practitioners in other offices. If you exceed your plan limits, you are responsible for payment for physical therapy services not covered by your plan.
- ✂ Though your plan may not require a prescription for physical therapy to process your claim, ALL plans do require that the services billed are medically necessary. To assist in demonstrating medical necessity for your plan of care, PT 360 may ask for a current doctor's prescription for physical therapy services. In the absence of a current prescription, you will be asked to sign a waiver agreeing to pay any patient balance due as a result of denial of payment due to lack of medical necessity. Prescriptions are current for 90 days unless otherwise specified.

We hope to provide you a great experience and achieve health success at PT 360. Starting off with a working knowledge of your insurance benefits will be helpful to get you started on the right foot!