



We want you to come to physical therapy informed about your insurance, so we hope the following will help you better understand your insurance plan.

INSURANCE TERMS

- **Benefit Year:** The annual cycle of your health insurance plan. At the beginning of your benefit year, the health insurance company may alter plan benefits and update rates. Some benefit years follow the calendar year, renewing in January, whereas others may renew the month you became a member.
- **Co-insurance:** Shared costs between you and the health insurance plan. For example, you pay 20 percent of costs and your plan pays 80 percent. These percentages vary from plan to plan. Some plans may not have coinsurance.
- **Co-pay:** The fixed payment you make at each visit, after which the insurance company often pays the remainder of the charges. Not all plans have co-payments.
- **Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay.
- **Explanation of Benefits (EOB):** Most insurance companies will send an EOB to you about the claim the company is or is not paying. If you do not understand it or have questions, call your insurance company as soon as possible.
- **Limitations:** A term referring to any maximums that a health insurance plan imposes on specific benefits. Specifically, physical therapy visits per plan year or per condition.
- **Out of Pocket Maximum:** The most you will pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100 percent of covered medical expenses.
- **Preauthorization:** "preauthorization" and "precertification" refer to the process by which a patient is pre-approved for coverage of a specific medical service. This means that an authorization is needed before starting physical therapy. If required, our office will help you with getting preauthorization.
- **Prescription:** An order by a physician for the administration of a treatment
- **Referral:** A written order from your primary care doctor for you to see a specialist or get certain medical services.

It is important to note that all insurance companies will state something along the lines of: "A quote of benefits does not guarantee payment. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service." This means that you will not know with 100% certainty how your insurance company will cover certain specialties until you receive your estimation of benefits (EOB) in the mail.

BEFORE YOU CALL:

- Locate your insurance company phone number which is usually on the back of your insurance card.
- Locate your insurance policy number.
- Remember to write down the name of the person you are speaking with and the date and time of your call, request a reference number.

QUESTIONS TO ASK YOUR INSURANCE

Insurance Phone #: _____ Insurance Policy # _____

Insurance Rep.'s Name: _____ Reference # of Phone Call _____

"I am calling about my outpatient physical therapy benefits. Physical therapy will be done in an office setting"

What is my benefit year?

_____/_____/_____ through ____/____/_____
MM DD YYYY MM DD YYYY

Do I have a deductible and does it apply to physical therapy?

Yes No My deductible is: \$ _____ I have met: \$ _____

Notes:

Do I have a co-pay per visit as my patient responsibility?

Yes No My co-payment is \$ _____

Notes:

Do I have a co-insurance percentage as my patient responsibility?

Yes No I am responsible for _____% My insurance is responsible for _____%

Notes:

Are there any financial or visit limits per benefit year for Physical Therapy?

I have a limit of \$ _____ I have a visit limit of _____

Notes:

Are my physical therapy benefits combined with:

Speech Therapy Occupational Therapy Massage Therapy

Notes:

Do I need referral or prescription from my doctor?

Referral Prescription None

Notes:

What provider types can refer me to physical therapy?

Do I need prior authorization before treatment?

Yes No Notes: