

## Insurance Benefits Worksheet

1. Call the toll free number for customer service on your insurance card.
2. Select the option that will allow you to speak with a customer service representative (please do not use the automated system)
3. 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: \_\_\_\_\_

1. Do I have out-of-network benefits for physical therapy?  Yes  No
2. Do I have a deductible?  Yes  No
  - a. If yes, what is it? \_\_\_\_\_
  - b. How much has already been met? \_\_\_\_\_
3. Do I have a per calendar year plan or a per benefit year plan?  Per calendar yr  Per benefit yr
  - a. If per benefit year, what are my dates of coverage? \_\_\_\_\_
4. What percentage of coverage is my responsibility for seeing an out-of-network provider? \_\_\_\_\_
5. Does my policy require a written referral or prescription?  Yes  No
  - a. If yes, a written prescription from ANY prescribing provider? (ex: physician, nurse practitioner, podiatrist, chiropractor)  Yes  No
  - b. If no, does it have to come from a PCP (primary care provider)?  Yes  No
    - i. What is the name of the PCP on file? \_\_\_\_\_
6. Is pre-authorization required for physical therapy services?  Yes  No
  - a. If yes, do I have one on file?  Yes  No
  - b. What is the expiration date? \_\_\_\_\_
7. Is there dollar amount or visit limit per year?  Yes a. If yes: Dollar amount \_\_\_\_\_
8. Do I require a special form to submit a claim?  Yes a. If yes, how can I obtain it?  
\_\_\_\_\_
9. What is the mailing address where I should send claims/ reimbursement forms?  
\_\_\_\_\_
10. Can I submit my claim on-line?  Yes  No a. How?  
\_\_\_\_\_