**Insurance Benefit Worksheet**

How to:

1. Start by calling the toll free number on the back of your card
2. Choose the option that allows you to speak with a representative (do not try to do this through an 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

* 1. If yes, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How much has already been met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. If yes, how much should I expect to pay out of pocket for IN-NETWORK physical therapy services per visit? \_\_\_\_\_\_\_\_\_\_

Do I have a co-pay or co-insurance? \_\_\_\_\_\_\_\_\_

If yes, how much? \_\_\_\_\_\_\_\_\_\_

Do I have a per calendar year plan or a per benefit year plan?

☐ Per calendar yr

☐ Per benefit yr

 If per benefit year, what are my dates of coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What percentage of coverage is my responsibility for seeing an out-of-network provider?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does my policy require a written referral or prescription? ☐ Yes ☐ No

If yes, a written prescription from ANY prescribing provider?
(ex: physician, nurse practitioner, podiatrist, chiropractor) ☐ Yes ☐ No

If no, does it have to come from a PCP (primary care provider)? ☐ Yes ☐ No
What is the name of the PCP on file?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is pre-authorization required for physical therapy services? ☐ Yes ☐ No

If yes, do I have one on file? ☐ Yes ☐ No
What is the expiration date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is there dollar amount or visit limit per year? ☐ Yes

 If yes: Limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do I require a special form to submit a claim? ☐ Yes

 If yes, how can I obtain it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What is the mailing address where I should send claims/ reimbursement forms?

9. Can I submit my claim on-line? ☐ Yes ☐ No; If yes, How?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once you have all this information you should have a good idea of how much in-network vs out of network services will cost you.

Remember, at many in-network clinics they recommend coming 2-3x per week due to the shorter visit time (typically around 30 minutes). This means that if you have a $50 co-pay you should still be spending $50-$150 per week in addition to more time spent traveling to and from appointments.

If you have a deductible, you could be spending even more per visit until your deductible is met.

We encourage you to use this worksheet in addition to our list of questions to ask an in-network clinic so you can understand your financial & time commitment and what level of service you will be receiving so you can make the best and most informed decision for your health. Please email emily@rxdpt.com if you have any questions.