



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 year Per benefit year
 - 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
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 a dollar amount or visit limit per year? Yes No
 - a. If yes: Dollar amount _____
8. Do I require a special form to submit a claim? Yes No
 - 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? _____