

BALANCED CREATIONS

Pediatric Physical Therapy & Wellness

Creating balanced environments for children to reach their full potential.

How to Determine Your Insurance Benefits for Physical Therapy KEEP THIS WORKSHEET FOR YOUR RECORDS

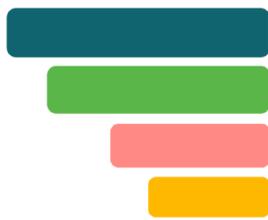
1. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your physical therapy benefits in general. These are frequently termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. Make sure the customer service provider understands you are seeing a nonpreferred provider/outofnetwork provider, via direct access or for whom you have a doctor's referral.
4. If preauthorization or precertification is required, please allow one week to process **BEFORE** your initial consultation. Let our offices know *immediately and* whether a form is required to fill out.

A special note to patients with Medicare: Balanced Creations Physical Therapy, PLLC does NOT accept Medicare/Medicaid and patients cannot be reimbursed by Medicare/Medicaid for visits at this clinic.

What YOU need to know:

- **MOST IMPORTANT:** Does your policy require preauthorization or a referral on file for outpatient physical therapy services? (*circle one*) YES NO
- Will a written prescription from any MD or a specialist your PCP referred you to be accepted? (*circle one*) YES NO
- Do you have a deductible? (*circle one*) YES NO If so, how much is it? _____ How much is already met? _____
- What percentage of reimbursement do you have? (60%, 80%, 90%, are all common)

- Does the rate of reimbursement change because you're seeing a nonpreferred provider? (*circle one*) YES NO
- Does your policy require a written prescription from your primary care physician? (*circle one*) YES NO
- If yes, do they have one on file? (*circle one*) YES NO
- Is there a \$\$ or visit limit per year? (*circle one*) YES NO If so, what is it?
- Do you require a special form to be filled out to submit a claim? (*circle one*) YES NO
- What is the mailing address you should submit claims/ reimbursement forms to?



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What this information means:

- If your policy requires preauthorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and preauthorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.
- The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the fee you paid for services at Restore Physical Therapy.
- If your policy requires a prescription from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. If you access services via Direct Access, the physical therapist at Restore Physical Therapy will write a Letter of Medical Necessity, send it to your physician for their signature, and this is generally received by the insurance company as a physician's prescription or referral. If the prescription from an MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with the claim.

****This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.****