

How to Determine Your Insurance Benefits for Physical/Occupational 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 physical therapy, occupational therapy, speech therapy, and sometimes massage therapy, or chiropractic care.
3. Make sure the customer service provider understands you are seeing a non-preferred provider/out of network provider.
4. The state of California does not require a prescription for occupational therapy services. However, your insurance may require a prescription before reimbursement.

What YOU need to know:

- Do you have a deductible? _____ If so, how much is it? _____ How much is already met? _____
- What percentage of reimbursement do you have for out of network providers? (60% to 90% is common) _____
- Does your policy require a written prescription from a medical provider? _____
- Will a written prescription from any provider, or a specialist (URO-GYN, OB/GYN, Midwife, Pain-Medicine, etc.) be accepted? _____
- Does your policy require pre-authorization or a referral on file for outpatient physical/ occupational therapy services? _____
- If yes, do they have one on file? _____
- Is there a \$ or visit limit per year for out of network? _____
- Do you require a special form to be filled out to submit a claim? _____
- If yes, where do you get access to this form? _____
- What is the mailing address you should submit claims/ reimbursement forms to?

- A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- If you have an office visit co-pay the insurance company will subtract that amount from the amount they will pay. This will affect the amount of reimbursement you will receive.
- 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 charges billed. Some may be less, some may be more.
- If your policy requires a prescription from your PCP you must obtain one to send in with the claim. Please see the "Rehabilitation Referral" form on www.ponderarehab.com if you would like to give your provider a template.
- If your policy requires pre-authorization 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 fax a referral for your treatment.

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