

Determining Your Insurance Benefits for Physical Therapy at the DSR Clinic

1. Collect your insurance card, a pen, this form and if you aren't the policy holder, the policy holder's information listed below (usually birth date, social security number)
2. 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.
3. Ask the customer service provider to quote your physical therapy benefits in general. These are often called rehabilitative services and can include occupational therapy and speech therapy or chiropractic.
4. Make sure the customer service provider understands you are seeing a **non-preferred /out of network provider** who your doctor referred you to.

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? (60%, 80%, 90%, are all common) ____
 - Does the rate of reimbursement change because you're seeing a non-preferred provider? ____
 - Does your policy require a written prescription from your primary care physician or other referral source such as a specialist? ____
 - If you were seen by a specialist, will you need a referral from your PCP as well? ____
 - Does your policy require a pre-authorization or a referral on file with your insurance carrier for outpatient physical therapy services? ____
 - If yes, do they have one on file set up by your referring doctor? ____
 - Also, what steps do you need to take to arrange the authorization? _____
 - Is there a limited \$ amount or number of visits per year? ____
 - Does your insurance company require a special form be filled out to submit a claim? _____
 - What is the mailing address you should submit claims/ reimbursement forms to? _____
-

What this information means:

- 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 or coinsurance rate your insurance company will subtract that amount from the rate 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 by Dynamic Systems Rehabilitation. Some may be less, some may be more. It is your responsibility to review payment made by your carrier to ensure they were correctly processed.
- 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 saw you or sent you to a specialist for help with your condition. If the prescription from a specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated prescription you will need to include it with the claim.
- 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 file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations 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.

This worksheet is provided to assist you in obtaining reimbursement for physical therapy services and is not a guarantee of reimbursement to you.

Please keep this worksheet to bring to physical therapy and then for your records.