



MOVING FORWARD
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Be an Informed Medicare Patient

- Know Your Supplemental or Secondary Insurance Coverage!!

Your Medicare insurance will cover much of the cost of your physical therapy. Medicare has its own reimbursement rate schedule, which we accept at PhysioFit. Medicare typically charges a \$124 deductible for each year and they usually cover 80% of the cost of most (but not all) medical services. Many people have a supplemental or secondary insurance policy to cover the 20% of the charges not paid by Medicare. Some supplemental or secondary policies also pay for the \$100 Part B Medicare deductible. (Note – we do NOT accept California’s MediCal as a secondary insurance.)

It is an unfortunate fact of life that **insurance is a complicated and confusing system. BUT IT IS VERY IMPORTANT THAT YOU KNOW WHAT YOUR INSURANCE COVERS**, because ultimately you are responsible for payment for professional services we provide to you.

At PhysioFit we call your secondary or supplemental insurance company to determine your eligibility for physical therapy benefits, but it is a good idea for you to confirm your benefits with the secondary or supplemental insurance company. We have designed this form to help you find out what your insurance company will *probably* pay for your therapy at PhysioFit. Note – the insurance companies ALWAYS say “eligibility for benefits is not a guarantee of payment”, but the information you gather below will hopefully reflect approximately what your insurance company is likely to pay.

Start with your insurance card:

Most insurance companies have an automated system for reporting coverage’s, some also have web-based systems where you can check coverage, claim status, etc. If you go through the steps of the automated system and have any questions, usually you can press “0” and get a person to talk to.

1. Call the 800 (or 877) number on your insurance card for member services/customer services. You can enter the number here for future calls, if you like:

2. You may need to go through a series of steps specifying that you are a “**member**”, entering the **subscriber ID number or member number** on the card, **birthdate** of the subscriber and/or the patient, etc., so have this information at hand. If you like, you can write the ID number here for future reference: _____
3. Specify that you want to check “**benefits and eligibility**” for **Physical Therapy services**
4. Remember that you can usually talk to a real person by pressing the “**0**” button on your phone. If you talk to a person, tell them you want to get information on benefits coordinated with Medicare.

Information that you should ask or that you may be asked for:

Here is what we typically ask for (and we’ve included some brief definitions to help). Note - For a supplemental policy, you may not get answers to questions 7-9 and 11-15.

1. **Patient’s name** _____
 (This is the person who will receive therapy at PhysioFit)

2. **Subscriber's name** _____
(This is the person who is the primary holder of the insurance)

3. **Subscriber's birthdate** _____ (mm/dd/yyyy)
Patient's birthdate (if the patient is NOT the subscriber) _____

4. **Preferred provider or "in network" provider** _____ (yes or no)
(PhysioFit Physical Therapy is a preferred provider or is considered to be "in network" with most major insurance companies. Ask us if we are "in network" with your insurance company – we generally will be, but it is good to confirm this. Your insurance company will have different coverage's for "in network" and "out of network" providers. They typically pay a higher portion of the allowed amount, if we are "in network" or "preferred".)

5. **Date coverage began** _____
(This is the date that your insurance coverage began)

6. **Plan year** _____
(Most insurance plans run from January – December, but your coverage may be different. It matters because deductibles and visit limitations are initiated at the start of the plan year.)

7. **Deductible – individual deductible \$ _____ , family deductible \$ _____**
How much of the deductible has been met for this year –
individual \$ _____, family \$ _____
(Many insurance plans require you to pay some amount of money for your plan year before the insurance company will begin to pay – this is your deductible. There is often an individual deductible and a family deductible. Once either your individual or the *total* family deductible has been met, then the insurance company should begin covering your treatment. PhysioFit does not collect from Medicare patients at the time of treatment the deductibles or copays for secondary or supplemental policies – since we don't know exactly what Medicare will pay. So, if your policy has a copay or deductible, you will probably receive a bill for this amount at a later date.)

8. **Out of pocket maximum - \$ _____ How much has been met? - \$ _____**
(Once you have paid a certain amount out of your pocket for medical services in a plan year, most insurance companies will increase the percent of the service cost that they cover. For example, if they typically cover 80% of the service cost before the Out of Pocket Max is met, they will often cover 100% after it is met.)

9. **Co-payment - \$ _____**
(Some insurance plans require you to pay a set amount for each visit – called a copay. It may vary for physician office visits, specialist office visits, etc. Be sure to specify that you want to know the copay for Physical Therapy visits. If you have a copay on your supplemental or secondary policy, you will probably be billed for it later.)

10. **Benefits will be paid at - _____ %**
(There is a difference between a Medicare supplement policy and a secondary policy:
 - o A Medicare **supplement** policy will typically pay the 20% of charges that Medicare does NOT cover, but will only pay on the type of treatments that Medicare has approved (i.e. Medicare pays for most, but not all types of medical procedures).

Some supplemental policies also pay the \$100 annual deductible that Medicare Part B requires.

- A **secondary** policy is usually a full insurance policy that pays some percentage of the amount that Medicare does not cover. The policy may cover treatments that Medicare does not cover. You may also be required to pay a copay and/or a deductible amount. The secondary insurance company coordinates their benefits with Medicare.

With either one of these policies you may still owe a little more for your therapy services (every patient does not have the same treatments and some treatments cost more than others.)

11. Is there a yearly visit maximum? If NO, go to #12. **If YES, what is the limit _____**

Does this number include Chiropractic, Occupational Therapy, or Speech visits?

(Some insurance plans limit the number of times that they will pay for therapy e.g. 12 visits per year or 24 visits per condition. After the maximum number of visits is met, they may or may not approve additional visits, but will require information from your doctor and from us as to medical necessity in order to consider allowing additional visits. Some insurance companies combine chiropractic, occupational and speech therapy sessions into this maximum visit count. So it is important that you know your insurance plan limits – including visits to other providers that may be included in your annual count. We will work with you to try to get additional visits authorized, if necessary.)

12. Is there a Pre-existing Condition clause? If NO, go to #13.

If YES, ask what it covers, what the timeframe is, and when you can be treated again for this condition.

(Some insurance companies will not cover specific conditions that you had BEFORE you signed up for their insurance. You should know if this is the case, so you know whether your insurance will cover the physical therapy treatments PhysioFit is providing.)

13. Is a prescription required? YES

(Medicare requires a prescription for physical therapy services. In fact, Medicare requires the patient to have a face to face visit with the doctor every 30 days in order to continue therapy.

There is a new rule that allows a faxed script 30 days after the first therapy visit, but then after that a doctor visit is required every 30 days.)

14. Is preauthorization required for physical therapy? YES NO

(Usually no preauthorization is required, but occasionally an insurance company may require it. If so, then we must call a specific number to obtain pre-approval for you to have physical therapy at PhysioFit.)

15. Are there any plan limitations?

(Some insurance plans impose limits on the number of visits, on the number or type of procedures that they will pay for, e.g. only 4 modalities per visit. Most do not have limits, but it is a good idea to ask before you receive treatments that they will not cover.)