



## Be an Informed Patient Know Your Insurance Coverage!!

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.

We encourage you to check your insurance company for eligibility for physical therapy benefits. Your insurance is a contract between you and the company – **we have no control over what is covered and how claims are processed**. If you have insurance questions, you need to know how to work with your 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.

### **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):

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 Jan. – Dec., 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. If you have a deductible that is not met yet when you begin therapy, we will collect toward it on your first appointment and then at each subsequent visit until it is met for the plan year. Note – you may still owe additional deductible above the amounts we collect, depending on how your insurance company applies these payments.)

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, this is the amount that we will collect from you at each visit – AFTER your deductible is satisfied for the year.)

10. **Benefits will be paid at - \_\_\_\_\_ %**

(The insurance company will typically pay from 70% to 100% of the cost of services. Ask them what percent they cover for Physical Therapy services. You can then calculate the amount that you will be responsible for i.e. 100% minus the percent the insurance company pays. You can enter this amount here – My portion of the cost of services = \_\_\_\_\_ %

If your insurance does NOT have a specific Co-payment (sometimes called “office visit” fee), then at each visit we will collect your estimated percentage share of an average patient visit cost. For example, if your insurance pays 80%, then you are responsible for 20% of the billed charges. We estimate the average allowed amount is approximately \$115, so 20% of 115 = \$23. Therefore, we would ask you to pay \$23 at each of your visits AFTER your deductible is satisfied for the year. You may still owe a little more or less for your therapy services (every patient does not have the same treatments and some treatments cost more than others) – but this is an estimate of what you will owe. We feel it is important NOT to have any surprises for you regarding therapy costs.)

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 and help us keep track of your visits – 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? \_\_\_\_\_ If YES, Is there a time limit on the script? \_\_\_\_\_**

(Some insurance companies require you to have a prescription (script or referral) from a doctor in order to get physical therapy and others don't. If a script is required, you will need to keep track of the visit count – so you don't exceed the number of visits that your doctor specified on your script. We will help you track visits, but ultimately this is your responsibility. It is important, because the insurance company may not pay for visits that exceed the number specified in your original script.)

**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.)