

Worksheet to Assist You in Determining Your Insurance Benefits for Physical Therapy

Revive and Thrive Physical Therapy and Wellness PC is an **out-of-network** physical therapy provider. It is the patient's responsibility to understand insurance coverage prior to receiving treatment and to inform Revive and Thrive of any changes with their coverage or carrier.

This worksheet was created as a courtesy to assist you in obtaining reimbursement for physical therapy services and is not in any way, shape, or form, a guarantee of reimbursement to you.

It is highly recommended that you take note of the following things:

Name of customer service representative: _____

Reference number of the phone call: _____

Date of the phone call: ___/___/___

Time the call was made ___;___ AM/PM

1. Call the phone number on the back of your insurance card and select the option from the phone menu that will allow you to speak with a customer service representative.
2. Ask the customer service representative to quote your physical therapy benefits for your specific plan. These are often referred to as "rehabilitation benefits" and may also include occupational therapy and speech therapy.
3. Make clear to the customer service representative that you are seeking care from an out-of-network provider via direct access (if you are self-referring) or for whom you have a doctor's referral/prescription, depending on your situation.
4. If pre-authorization or pre-certification is required by your insurance, please allow 1 week to process before your initial evaluation at Revive and Thrive. Please notify our office immediately by phone or email as to whether a form is required to fill out on our end.

Very Important Questions You Need Answered:

- Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? _____
- Will a written prescription from any MD, specialist, or dentist be accepted? _____
- Do you have a deductible? _____ If so, how much is it? _____ How much is already met? _____
- What percentage of reimbursement do you have? (60%-90% are all common amounts) _____
- Does the rate of reimbursement change if you're seeing an out-of-network provider? _____
- Does your policy require a written prescription from your primary care physician? _____ If yes, do they have one on file? _____
- Is there a dollar or visit limit per year? _____
- What is the best way to submit a claim for reimbursement using a superbill? _____
- Is there a required form that needs to be filled out in order to submit a claim? _____ If yes, what is the mailing address that it should be mailed to?

Pulling it all together:

If your insurance policy requires pre-authorization or a referral on file and the insurance company does not have one listed yet, you'll need to call the referral coordinator at your doctor's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first PT visit. Be aware that referrals and pre-authorizations have an expiration date and some set a limit on number of visits. If you are approaching the expiration date or visit limit, you'll need the referral coordinator to submit a request for further treatment.

The reimbursement percentage will be based on what your insurance company's established "reasonable and customary" rate is for the service codes used. This price will not necessarily match the fee you pay for services at Revive and Thrive.

If your policy requires a prescription from your primary care physician you must obtain one to send in with the claim. This is not usually difficult to obtain since your PCP is referring you to a specialist to help you with your condition. If you are accessing services through direct access, the physical therapist at Revive and Thrive will send a copy of your initial evaluation documenting the medical necessity of your treatment to your physician for their signature. This is generally accepted by the insurance company as a physician's prescription or referral. If the prescription from a primary care physician or specialist is all that is needed, be sure to make a copy to include with your claim. Each time you receive an updated prescription, you'll need to include it with the claim.

Please note: Revive and Thrive Physical Therapy and Wellness **does not** have a relationship with Medicare and does not bill Medicare. Thus, if a Medicare beneficiary needs services that Medicare covers, regulations prevent our physical therapist from providing those services to the beneficiary. This legal prohibition applies even if the individual is willing to pay out-of-pocket for care. However, we can provide services to Medicare beneficiaries who wish to self-pay if Medicare does not cover those services. For example, we can provide services that the federal government categorizes as "wellness" or "preventive care." Similarly, we can sometimes work with Medicare beneficiaries who have been discharged from covered physical therapy services after reaching their goals of care. In such cases, we typically help individuals move towards personal goals that exceed the level of function necessary for daily living.