

Suggestions for Submitting Out-of-Network Insurance Claims

1. Call the toll free customer service number on your insurance card. Select the option that will allow you to speak with a customer service representative, not an automated system. If you are not the primary insurance holder, you will need to have that person's birth-date and social security number.
2. Ask the customer service representative to quote your physical therapy benefits in general. These are frequently termed as rehabilitation benefits and can include occupational therapy, speech therapy and sometimes massage therapy.
3. Make sure the customer service representative understands that your doctor has provided you with a referral to a non-preferred provider/out-of-network provider.

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%) _____
- ⌚ Does the rate of reimbursement change because you're seeing a **non-preferred provider** or **out-of-network provider**? _____
- ⌚ Does your policy require a written prescription from your primary care provider (PCP)? _____
- ⌚ Will a written prescription from any MD, or a specialist your PCP referred you to be accepted?

- ⌚ Does your insurance policy require a pre-authorization or a referral to be on file with them for outpatient physical therapy services? _____
- ⌚ If yes, do they have one on file? _____
- ⌚ Is there a dollar limit or a visit limit per year? _____
- ⌚ Do you require a special form to 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 the insurance company will subtract that amount from the percentage 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.



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⌚ If your policy requires a prescription from your PCP you must obtain one to send in with the claim. If the prescription from your PCP or 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'll 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 was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.