Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do I have Out-of-Network Benefits for Outpatient Physical Therapy? YES / NO
2. Do I have a deductible? YES / NO
3. If yes, how much is it? \_\_\_\_\_\_\_\_
4. How much has already been met? \_\_\_\_\_\_\_\_
5. Do I have a per calendar year plan or a per benefit year plan? \_\_\_\_\_\_\_\_\_\_\_
6. If per benefit year, what are my dates of coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What percentage of coverage is my responsibility for seeing an Out-of-Network provider?
8. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services? YES / NO
9. If yes, do you have one on file? YES / NO
10. Is there a dollar amount limit or visit number limit per benefit period? YES / NO
11. Do you require a special form to be filled out to submit a claim? YES / NO
12. If yes, how do I obtain it?

\*\*If your policy requires pre-authorization or a referral on file from your physician, you must obtain one to send in with your claim. Each time you submit a claim, you will need to include the referral as well. Be aware that referrals and pre authorizations have an expiration date and some insurance companies 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 and is not a guarantee of reimbursement for you.