



Insurance Benefits Worksheet

Instructions:

Call the toll-free number for customer service on your insurance card.
 Select the option to talk to a customer service representative.

Specific Questions to Ask:

1) Do I have out-of-network benefits for physical therapy ?	
2) Do I have an out-of-network deductible?	
If yes, how much is it?	
How much has already been met?	
3) Do I have a per calendar year or a per benefit year plan?	
If per benefit year, what are my dates of coverage?	
4) What percentage of coverage is my responsibility for seeing an out-of-network provider for physical therapy?	
5) Does my policy require a written referral or prescription ?	
If yes, is it from ANY prescribing provider (physician nurse practitioner, chiropractor) or from a primary care provider?	
If it is a primary care provider, what is the name of the PCP on file?	
6) Is pre-authorization required for physical therapy services?	
If yes, do I have one on file?	
What is the expiration date?	
7) Is there a dollar amount or visit limit per year?	
8) Do I require a special form to submit a claim?	
9) What is the mailing address where I should submit claims/reimbursement forms?	
10) Can I submit my claim online?	
How?	