



Insurance Information/Help

The first step in taking responsibility for your health care is to understand your insurance.

- 1) **Call the toll free customer service phone number on your insurance card.** Wait to speak with a customer service provider.
- 2) **Ask the customer service provider about your physical therapy benefits.** They may be referred to as rehabilitative services and can include occupational therapy, speech therapy, and chiropractic care. Make it clear to them that you wish to see a non-preferred/ out of network provider.
- 3) **Ask if you have a deductible.** And if so, **how much it is.** Find out **how much of the deductible has already been met.** Your deductible must be met before your insurance company will pay for physical therapy treatment.
- 4) **Ask what percentage of reimbursement you have.** The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. These prices may or may not match the charges billed to you by Self Solace Physical Therapy, Inc. Also, if you have an office visit co-pay or coinsurance rate, your insurance company will subtract this amount from the rate that they will pay.
- 5) **Ask if the rate of reimbursement changes because you are seeing a non-preferred/out of network provider.** (If you are coming to Self Solace Physical Therapy specifically for internal pelvic floor work ask which providers that they recommend that are in network. If there are none (because there are few of us that do this work) ask if they will honor the in network rate.
- 6) **Ask if a written prescription is required from your primary care physician or other referral source, such as a specialist.** Also ask if you were seen by a specialist if you need a referral from your PCP as well. **Ask how often a written prescription is required** (i.e. monthly, or after a specific number of visits). If a prescription is required then you need to obtain one and send it in when you submit a claim.
- 7) **Ask if your insurance policy requires a pre-authorization or a referral on file with your insurance carrier for outpatient physical therapy services.** If so, ask if they have a file set up by your referring doctor. **Also ask what you need to do get authorization.** 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-authorization 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.
- 8) **Ask if there is a limited dollar amount or number of visits per year.**
- 9) **Ask if there are any Physical Therapy procedure codes that they do NOT cover.** The codes that I typically use are: 97161, 97162, 97163, 97164, 97110, 97112, 97116, 97140, 97150, and 97530. They may not tell you but you could ask what they typically reimburse for each code.
- 10) **Ask if your insurance company requires a special form to be filled out to submit a claim.**
- 11) **It is best to get the fax number and contact name to fax forms to otherwise find out the mailing address that you should submit claims/reimbursement forms to.**

This document is **NOT A GUARANTEE OF REIMBURSEMENT to you. It is simply provided in order to assist you in obtaining information from your insurance company in order for you to best obtain reimbursement for physical therapy services.*