



How to Determine Your Insurance Benefits for Physical Therapy

KEEP THIS WORKSHEET FOR YOUR RECORDS

1. Call the toll free number for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your physical therapy benefits in general. These are frequently termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. Make sure the customer service provider understands **you are seeing a non-preferred provider/out-of-network provider** for whom you have a doctor's referral.
4. If pre-authorization or pre-certification is required, please allow one week to process **BEFORE** your initial consultation. Let Eminence Physical Therapy know *immediately* and whether a form is required to fill out. You must provide this form to your therapist via fax at 770-818-5878 or email at info@eminencept.com.

A special note to patients with Medicare and Medicaid: Eminence Physical Therapy does NOT service Medicare and Medicaid beneficiaries. Patients cannot be reimbursed by Medicare or Medicaid for services provided by Eminence Physical Therapy.

What YOU need to know:

- **MOST IMPORTANT:** Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? _____
- Will a written prescription from any MD, or a specialist your PCP referred you to 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%, 80%, 90%, are all common) _____
- Does the rate of reimbursement change because you're seeing a non-preferred 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 amount or visit limit per year for physical therapy services? _____
- Do you require a special form to be filled out to submit a claim? _____
- Does my plan cover compression garments? _____ If so, how many garments per year? _____
- Does my plan cover compression bandages and supplies? _____

- What is the mailing address I should submit claims/ reimbursement forms to?

WHAT THIS INFORMATION MEANS:

- 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.
- 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 fee you paid for services at Eminence Physical Therapy.
- If your policy requires a prescription from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. If the prescription from a MD or 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.

This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.