



## How to Determine Your Insurance Benefits

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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. Ask for benefits for a preferred provider/in-network provider as well as a non-preferred provider/out of-network provider.

Date: \_\_\_\_\_ Time of call: \_\_\_\_\_ Customer Service Representative Name: \_\_\_\_\_

- What is your plan year? Calendar Year (Jan to Dec) OR \_\_\_\_\_ to \_\_\_\_\_
  - Do you have a deductible? Yes / No If yes, how much is it? \_\_\_\_\_ How much has already been met? \_\_\_\_\_
  - Do you have a co-pay? Yes / No If yes, how much is it? \_\_\_\_\_
  - Do you have a co-insurance? Yes / No If yes, what is the percentage you pay of each visit? (i.e. 10%, 20%) \_\_\_\_\_
  - Is there a dollar or visit limit per year? Yes/No If Yes, What is it? \_\_\_\_\_
  - Does your policy require pre-authorization for outpatient physical therapy services? Yes / No
  - Does the rate of reimbursement change if you see an out of network/non-preferred provider? Yes / No
- If Yes, what is your deductible, co-insurance, co-pay, visit/\$ limit per year, pre-authorization requirements, etc?
- \_\_\_\_\_
- \_\_\_\_\_

#### 4. What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment.
- 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 received.
- If you have a co-insurance you are responsible for this percentage of the fee for each visit.
- 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.
- 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.

Please contact us if you have any further questions or would like help understanding your benefits.