

## How to Determine Your Insurance Benefits for Physical Therapy

1. Call the toll free for customer service for members (not providers) on your insurance card. Select the option that allows you to speak to a customer service representative.
2. Ask the customer service representative to quote your physical therapy benefits. My business name is Total Motion Therapies, LLC with an NPI #1568964484.

**Make sure they identify if the coverage is in or out of network.**

3. Ask these questions to understand your coverage:
  - Do you have a deductible? Yes / No
  - Is there a separate in network and out of network deductible? Yes / No
  - How much is the deductible? \_\_\_\_\_
  - How much of the deductible has already been met? \_\_\_\_\_
  - Do you have a % of reimbursement and/or co-pay?  
% reimbursement \_\_\_\_\_  
Co-pay \_\_\_\_\_
  - Does your policy require a physician referral? Yes / No  
If yes, is any physician acceptable or only your primary doctor? \_\_\_\_\_
  - Does your policy require pre-authorization or authorization after the referral or after x number of visits? \_\_\_\_\_
  - How do you submit a claim to the insurance? \_\_\_\_\_  
Can you submit a claim on-line? \_\_\_\_\_  
Can you simply mail in the receipt from therapy if it has the necessary information/codes? \_\_\_\_\_  
If yes, what is the address: \_\_\_\_\_

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What information is necessary to submit the claim? Our receipt has the following information in addition to your name:

Date of service  
Diagnosis codes  
CPT codes  
ICD10 codes  
Provider name and credentials  
Provider company name and NPI number  
Charges and patient payment

Is it necessary to submit a copy of the referral with the claim? Yes / No  
Is it necessary to submit a copy of the evaluation with the claim? Yes / No  
Is any other information required? If yes, what is it? \_\_\_\_\_

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## Understanding this information

A deductible must be satisfied first before the insurance company will begin reimbursing for treatment. Submit all of your bills so that these amounts will be applied to pay down the deductible.

If you have an office visit co-pay and a % of coverage, the insurance company will subtract the co-pay amount first and then calculate the percentage they will pay from the remaining amount.

The reimbursement percentage your insurance will pay will be based on your insurance companies established "reasonable and customary" rates for the service codes rendered. These amounts will not necessarily match the charges for these codes.

If your policy requires a doctor referral you must obtain this from your doctor prior to starting therapy so that the date of the referral is no later than the date of the first therapy visit. Be sure to identify if the referral is required to be from your primary care physician or not.

If your policy requires preauthorization you must notify us at least 3 business days prior to your initial evaluation so this process can be completed. If an authorization is required after your evaluation or after x number of visits, you are required to inform us of this 3 days prior to the end of the authorization so we can authorize the next visit prior to that date.

This worksheet was created to assist you to better understand your coverage and plan to obtain reimbursement for your physical therapy services; it is not a guarantee of reimbursement to you. Please keep it for your records.

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