

How to Determine Your Out-of-Network (OON) Insurance Benefits for Physical Therapy

1. Call the toll free number for customer service on the back of your insurance card.
2. Select the option that will allow you to speak with a customer service provider, not an automated system.
3. Ask the customer service provider to quote you, your out-of-network physical therapy benefits. (Make sure the customer service provider understands you are seeing a non-preferred provider/out of network provider that is *treating you in your home or office.*)
4. Tell them you are not using Home Health Services, but a mobile outpatient orthopedic physical therapist.

What you want to find out?

1. Do you have an OON deductible? _____
 - a. If so, how much is it? _____ How much is already met? _____
2. What percentage of reimbursement do you have once your deductible is met?
 - a. (Typically, it is 60%, 80%, 90%) _____
3. What is your OON out of pocket maximum? _____
4. Does your policy require a written prescription from your primary care physician or specialist? _____
5. Does your policy require pre-authorization or a referral on file for outpatient physical therapy services? _____ If yes, do they have one on file? _____
6. Is there a monetary limit or visit limit per year for physical therapy? _____
 - a. If so, what have you used so far this year? _____
7. Do you require a special form to be filled out to submit a claim? _____
8. How long do I have to submit for reimbursement? _____
9. What is the mailing address you should submit claims/reimbursement forms to?

10. How long does it typically take for me to get reimbursed? _____



What does this Out-of-Network information mean?

- A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- 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 you will receive.
- 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 a prescription or referral from a physician you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.
- 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 physician'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 reference sheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.

Please contact Core Dynamics Physical Therapy, P.C. if you have any further questions or would like help understanding your benefits.