

Out-of-Network Reimbursement Tip Sheet

1. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a representative, 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 also include occupational therapy, speech therapy, and sometimes massage therapy.

3. Make sure the representative understands that you are seeing an **out-of-network provider** (sometimes called a non-preferred provider). **Here's what YOU need to know:**

- **Do I have a deductible?** (Yes or No) If yes, how much is it? \$ _____

And how much has already been met? \$ _____

- **What percentage am I responsible for and what percentage does insurance pay?** (40%, 60%, 80%, 90%, are all common)

My Responsibility: _____% Insurance Covers: _____%

- **Does the rate of reimbursement change because I am seeing an out-of-network provider?** Yes or No

- **Does my policy require a written prescription from my primary care physician (PCP)?** Yes or No

- If no, skip this question, if yes, **will a written prescription from any doctor, or a specialist my doctor referred me to, be accepted? Or only specific doctors?**

Any or Specific: _____

- **Does my policy require pre-authorization or a referral on file for outpatient physical therapy services?** Yes or No

- If yes, **do I have a pre-authorization or referral on file?** Yes or No

- **Is there a dollar or visit limit per year? Or is it just based on medical necessity?**

Medical Necessity or \$ or visit limit: _____

- **Do I submit the claim through mail or online?** _____
- **If online, what is the website?** _____
- **If mail, what is the address?** _____
- **Do you require any special forms or paperwork to be filled out to submit a claim in addition to the SuperBill I get from my therapist? If so, how do I obtain the form?**

4. What this information means:

- 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.
- If your policy requires a prescription or referral from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain if your PCP sent you to a specialist for help with your condition. If the referral from a MD or specialist is all you need, make sure to have a copy to include with your 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 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. Mobile Physio will do everything we can to help you get reimbursement from your insurance company, but the process can be timely and burdensome. Please contact us if you have any further questions or would like help understanding your benefits. Thank you for choosing Mobile Physio as your therapy provider!