

## Insurance Information Worksheet

The following information will help you to get reimbursement for your treatment sessions. Keep the information below for your records.



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1. Look at your health insurance policy. Find the toll free number, and have your insurance policy number ready.
2. Call your insurance company on their toll free number. Ask to speak with a customer service provider in person. Write down the person's name so you can contact her/him at a later time.
3. Ask for a description of your physical therapy benefits in general. These benefits could be termed as "rehabilitation benefits", and in addition to physical therapy, they can include occupational therapy, speech therapy or massage therapy.
4. Make sure the customer service provider on the phone understands you are seeing a "non-preferred /out-of-network provider".
5. Ask whether your physical therapy insurance requires a pre-certification or pre-authorization. If your insurance company has that requirement, ask for the forms, and when they arrive, complete them and return them to the insurance people. Make sure you allow at least a week for the insurance company to process before your initial consultation with me, to assure that you will get reimbursed.

What you need ask:

- ☐ Does your insurance require pre-authorization or a referral on file for physical therapy services ?
- ☐ Will a written prescription be needed or accepted from any physician or specialist?
- ☐ Do you have a deductible?
- ☐ If yes, how much is it?
- ☐ How much is already met, meaning how much have you already used this year?
- ☐ What percentage of reimbursement do you have ( 60%,80%,90%)?
- ☐ Will the reimbursement rate change because you are seeing an "out-of-network" provider?
- ☐ Do you need a written prescription from your primary care physician?
- ☐ If yes, do they have one on file?
- ☐ Is there a dollar amount limit or a number of visits limit per year?
- ☐ Do you require a special form to be filled out in order to submit a claim for reimbursement?
- ☐ What is the mailing address you need to submit claims/reimbursement forms to?

### What all this information means:

If your insurance company requires a pre-authorization or a doctor's referral on file and they don't have one, you need to call your doctor's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. You need to keep in mind that pre-authorizations and referrals have an expiration date and some of them have a set limit on the number of visits. If you are approaching the expiration date or your visits limit, you will need to ask your doctor's office to submit a request for more treatments.

You need to use up your deductible before the insurance company will pay for your treatment. Make sure you submit all your 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 will be based on your insurance company's "reasonable and customary fair price" for service codes rendered. This price might be different from the charges billed. Some might be less or more.

If your insurance company requires a prescription from your doctor you have to send it in with your claim. Each time you receive an updated prescription you need to include it with your claim.

The following websites contain further information regarding reimbursement:

<http://www.hmsa.com/help-center/filing-medical-claims-for-services-from-nonparticipating-providers/>

<http://www.hmaa.com/forms-and-information-members/>

<https://uhahealth.com/page/understanding-UHAs-claims-process>

Please note: Medicare patients can not be reimbursed by Medicare for visits with an "out-of- network" provider like me.

This worksheet was created to help you to receive your reimbursement for physical therapy services, but it does not guarantee reimbursement for you.