**Insurance Benefit Worksheet**

1. Start by calling the toll-free number on the back of your card
2. Choose the option that allows you to speak with a representative (do not try to do this through an automated system)
3. Ask the customer service provider to quote your **outpatient, out-of-network physical therapy benefits**. These are frequently termed “rehabilitation benefits”

**Specific Questions to Ask**

Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do I have out-of-network benefits for physical therapy? ☐ Yes ☐ No
2. Do I have a deductible? ☐ Yes ☐ No
	1. If yes, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How much has already been met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. If yes, how much should I expect to pay out of pocket for IN-NETWORK physical therapy services per visit? \_\_\_\_\_\_\_\_\_\_
3. Do I have a co-pay or co-insurance? \_\_\_\_\_\_\_\_\_
	1. If yes, how much? \_\_\_\_\_\_\_\_\_\_
4. Do I have a per calendar year plan or a per benefit year plan?
	1. ☐ Per calendar yr ☐ Per benefit yr
	2. If per benefit year, what are my dates of coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What percentage of coverage is my responsibility for seeing an out-of-network provider? \_\_\_\_\_\_\_\_\_\_
6. Does my policy require a written referral or prescription? ☐ Yes ☐ No
	1. If yes, a written prescription from ANY prescribing provider?
	(ex: physician, nurse practitioner, podiatrist, chiropractor) ☐ Yes ☐ No
	2. If no, does it have to come from a PCP (primary care provider)? ☐ Yes ☐ No
		1. What is the name of the PCP on file?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Is pre-authorization required for physical therapy services? ☐ Yes ☐ No
	1. If yes, do I have one on file? ☐ Yes ☐ No
	What is the expiration date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Is there a dollar amount or visit limit per year? ☐ Yes ☐ No
	1. If yes: Dollar amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do I require a special form to submit a claim? ☐ Yes ☐ No
	1. If yes, how can I obtain it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. What is the mailing address where I should send claims/ reimbursement forms?
11. Can I submit my claim on-line? ☐ Yes ☐ No; If yes, How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once you have all of this information, you should have a good idea of how much in-network vs. out-of-network services will cost you.

Remember, most in-network clinics recommend coming 2-3x per week due to the shorter visit time (typically around 30-40 minutes) or due to less direct 1:1 time with the therapist per visit. This means that if you have a $50 co-pay you could still be spending $100-$150 per week, in addition to more time spent traveling to and from appointments.

If you have a deductible, you may spend even more per visit until your deductible is met.

**Body In Motion PT** encourages you to use this worksheet, in addition to our list of Questions To Ask a Prospective Physical Therapy Clinic, to understand your financial and time commitment and what level of service you will receive in order to make the best and most informed decision for your health.