



INSURANCE WORKSHEET TO DETERMINE PHYSICAL THERAPY BENEFITS

1. Call the toll-free member number on the back of your insurance card. Select the option that will allow you to speak with a customer service representative.
2. Ask the customer service representative to quote your physical therapy benefits.
3. *Make sure the customer service representative understands that you are seeking physical therapy from a **non-preferred /out-of-network provider**.*
4. You will be reminded that this is a quote and NOT a guarantee of payment, but it is always a good idea to get the name of the person you spoke with: _____

Does your policy require a written prescription from your primary care physician? _____
It is your responsibility to obtain a prescription from your physician/provider before your first visit, if applicable.

Does your insurance require your physical therapy visits to be pre-authorized?

If so, ask what the process is. In many cases, the insurance carrier will require a copy of the therapist's initial evaluation and/or a referral from the physician. Be aware that referrals and pre-authorizations have an expiration date and often set a limit on the number of visits. If you are approaching the visit limit or expiration, please let your therapist know.

Do you have a deductible? If so, how much is it and how much has been met so far?

A deductible must be satisfied before the insurance carrier will pay for treatment.

Do you have a co-insurance amount you are responsible for?

If you have a copay, the insurance carrier will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.

Does the rate of reimbursement change because you are seeing a non-preferred provider (i.e. 60/40%)?

The percentage will be based on your insurance carrier's established "reasonable and customary" price for the service codes rendered. This price will not necessarily match the charges billed. In some cases, it may be less than what Healthy Core charges.

Is there a dollar or visit limit of therapy visits per year?

What is required for reimbursement by my insurance carrier?

We will electronically submit the claim on your behalf and your insurance carrier will reimburse you directly.

Inquire if there are specific physical therapy codes that are NOT COVERED:

Occasionally, the insurance carrier may restrict which codes they will reimburse. Codes we typically bill may include:

97001 (initial evaluation), **97002** (re-evaluation), **97110** (therapeutic exercise), **97112** (neuromuscular re-education), **97140** (manual therapy), **97530** (therapeutic activity), **97535** (home program/self-care), **97014** (electrical stimulation)