



## **How to Determine Your Insurance Benefits for Services with Practical Pelvis**

1. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your occupational therapy benefits. These are frequently termed rehabilitation benefits and can include physical therapy, speech therapy and sometimes massage therapy.
3. Tell the customer service provider that you are seeing an out-of-network provider who your doctor referred you to.

What you need to know:

- Do you have an out-of-network deductible? \_\_\_\_\_
- If yes:
  - How much is it? \_\_\_\_\_
  - How much is already met? \_\_\_\_\_
  - Is this separate from my in-network deductible?
  - What is your responsibility after the out-of-network deductible is met (i.e. 50%, 60%) \_\_\_\_\_
  - Does your policy require a written prescription from your primary care physician? \_\_\_\_\_
  - Does your policy require pre-authorization before starting occupational therapy? \_\_\_\_\_
  - Is there a \$ or occupational therapy visit limit per year? \_\_\_\_\_

What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment.
- 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 from your primary care physician (PCP) you must obtain one in order to submit your claims for reimbursement.
- 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 occupational therapy treatment that is dated to cover your first occupational therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit on therapy.

This worksheet was created to assist you in obtaining reimbursement for occupational therapy services and is not a guarantee of reimbursement to you.