



Insurance Reimbursement Worksheet

If you intend to seek reimbursement from your insurance company, you will want to contact them prior to your first visit to fully understand your benefits. Make sure you have a pencil or pen handy, and follow the steps below.

1. Call the number on the back of your insurance card, and select the option to speak with a customer service provider (not an automated system).
2. Ask the customer service provider if you have physical therapy benefits for an **out-of-network provider**. (If not, skip ahead to page 3)
3. Continue by asking the following questions:

If You **Do Have** Out-of-Network Benefits, Ask These Specific Questions:

- What is my annual Out-of-Network Deductible?
- Is pre-authorization needed for physical therapy services? If so, what do I need to do?
- Is a prescription from my physician for PT necessary in order to be reimbursed?
 - Can this be any physician or must it be a specialist of some kind?
- Are there any special forms that need to be completed in order to be reimbursed?
- Do I require a copy of the actual physical therapy treatment notes to submit to the insurance company?
- Where can I obtain claims forms?
- Where/to whom do I submit these claims forms?
- About how much reimbursement should I expect per visit? (Use chart on page 3)



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Good General Insurance Questions for Everyone to Ask:

- Approximately how much reimbursement should I expect per visit?
 - To Assist in your Calculations: Tell the representative that we will treat four 15 minute “units” or “codes” per hour for a regular session. It’s safe to expect the majority of our “units” charged being Manual Therapy- CPT Code 97140.
 - Note that once your deductible has been met, you will still be responsible for the copay/coinsurance amount until the out-of-pocket limit is met.

	Amount Insurance Company Pays	Amount I Pay
Pre-Deductible		
Post-Deductible but Pre-Out-of-Pocket Limit		
Post-Out-of-Pocket Limit		

BE ADVISED! If your insurance company requires extra administrative time of the therapist to assist in reimbursement efforts (to fill out forms, have phone conversations, etc) this will be billed to you at Inspire Movement’s hourly rate.



If You **Don't Have** Out-of-Network Benefits, you won't be reimbursed by your insurance for our services. However, it's still good to know where you stand with your physical therapy coverage and you should ask the questions below.

Some Good Insurance Questions for Everyone to Ask:

- What is my deductible?
- How much of my deductible has already been met?
- What is my out-of-pocket limit?
- How much of my out-of-pocket limit has been met?
- Approximately how much do I pay per visit if I see a PT "In-Network" with my insurance?
 - How to calculate: Ask what the average "allowed amount" is if you haven't met your deductible yet. Assume it's for four "units" worth of Manual Therapy treatment for a fair comparison. If you have met your deductible for the year, you will still owe your copay amount. If you have met your Out-of-Pocket limit, you shouldn't owe anything.
- Are there any annual dollar-amount limits in my coverage?
- Is there a limit to your number of allowed visits per year, or per condition?

Other Tips:

If you are submitting claims forms to your insurance company, remember to include (if required):

- Itemized Receipts and Credit Card Receipts (emailed to you) from our office
- Any special paperwork required, completed
- A copy of your doctor's PT prescription, if required
- Treatment notes, if required

Ensure that your insurance company will reimburse you, and not Inspire Movement, as our office is not staffed to process payments from insurance companies. This means they send the money to you, not us!

Some insurance companies will give you a form to fill out for each visit you were seen. It may save you time to fill out the form with your basic information (name, address, etc) and make



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copies. This way the only thing you need to add for each time you mail in a reimbursement form is the date and the codes!

If you need a prescription from your doctor, make sure you obtain one that is dated early enough to cover your first PT visit with us.

Also, please be aware that these doctor referrals and pre-authorizations do expire after a certain date or after a certain number of visits. Clarify this with your physician's office, and if you are nearing your prescription expiration, be sure to obtain another from your doctor's office so that you can still receive reimbursement for PT.

The above advice was designed to assist you and is not a guarantee that you will be reimbursed.