

## INSURANCE BENEFIT WORKSHEET

***Please use this form as you speak to your health insurance's customer service representative when verifying physical therapy coverage.***

**Your Plan Information:** *This information is found on your insurance card.*

Insurance plan name or program name: \_\_\_\_\_

Member ID number: \_\_\_\_\_ Group number: \_\_\_\_\_

- Customer Service phone number (w/area code) \_\_\_\_\_
- Name of customer service representative: \_\_\_\_\_
- Insurance claim address: \_\_\_\_\_
- Date eligibility began: \_\_\_\_\_
- Deductible: \$\_\_\_\_\_ Co-pay: \$\_\_\_\_\_ Co-insurance: \$\_\_\_\_\_
- Maximum allowable benefit for physical therapy: \$\_\_\_\_\_ or # visits \_\_\_\_\_
- Remaining \$\_\_\_\_\_ # visits \_\_\_\_\_ for current year as of \_\_\_\_\_
- Is my physical therapist a PREFERRED PROVIDER for my plan?  yes  no
- If your company is an HMO or PPO, and we are NOT a provider for the plan, what is the benefit coverage for Velocity Physiotherapy.? (i.e., 60%, 80%, etc.).
- Does this plan require a *prescription or referral for PT services*?  yes  no
- Does this plan require pre-authorization for physical therapy?  yes  no

***If you have any questions please call Susy at (877) 461-9918 or email [billing@velocityphysio.com](mailto:billing@velocityphysio.com)***

## Frequently Asked Billing Questions:

### **Deductibles:**

- Your deductible must be satisfied before the insurance company will pay for treatment. You will be billed for any unsatisfied deductible amount.

### **Co-pays:**

- Office co-pays are due at the time of service. The co-pay amount on your insurance card may not be the co-pay amount for physical therapy visits. You must obtain this information from your customer service representative.

### **Co-Insurance:**

- Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility. You will be billed for your co-insurance amount on a monthly basis.

### **Do I need a prescription?**

- Most health insurance policies require a current prescription/referral from your primary care physician (PCP) for physical therapy services. If your policy requires a referral or prescription you will need to contact your PCP's referral coordinator and ask that a current copy be sent to our office. Typically, prescriptions/referrals are current for 90 days unless otherwise specified.

### **What is covered under Rehabilitation benefits?**

- Rehabilitation benefits can include occupational therapy, speech therapy, massage therapy, or acupuncture.

### **Will Velocity Physiotherapy keep track of my plan limits?**

- Velocity PT can only track your plan and prescription limits for services provided at Velocity PT. It is your responsibility to track services received from other healthcare providers outside of Velocity PT. If you exceed your plan limits, you are responsible for payment physical therapy services not covered by your plan.

### **What if my plan does not require a prescription/referral?**

- Though your plan may not require a prescription for physical therapy all services billed must be medically necessary. To assist in demonstrating medical necessity for your plan of care, Velocity PT strongly recommends a current doctor's prescription for physical therapy services. In the absence of a current prescription, you will be asked to sign a waiver agreeing to pay any *patient balance* due as a result of denial of payment due to lack of medical necessity.