HOW TO DETERMINE YOUR OUT OF NETWORK BENEFITS

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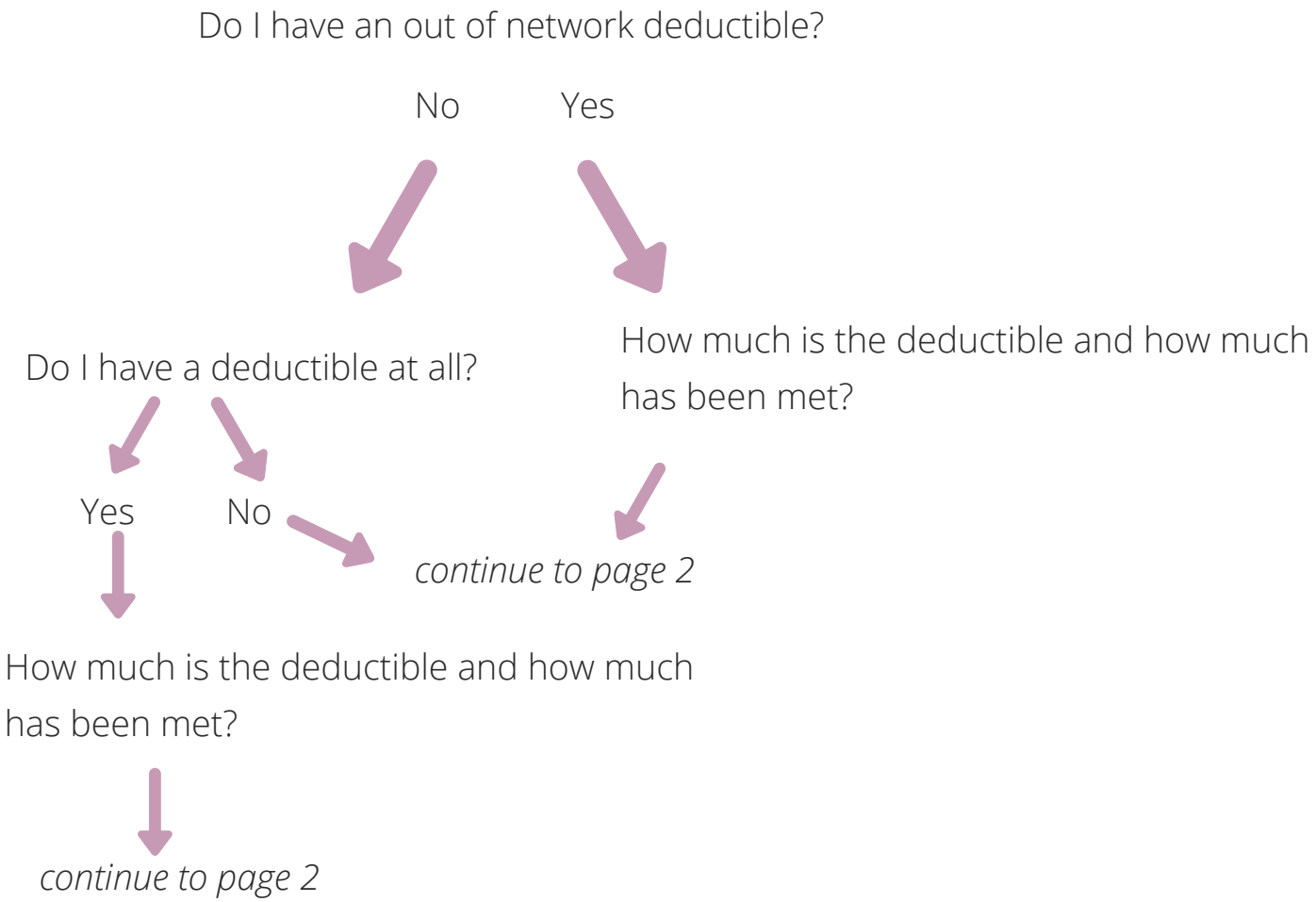
Call the Member Services or Customer Service Number Found on the Back of the Card

1. **Provide your Account Number to the Representative**
   a. they may also ask for your date of birth and first and last name
2. **Tell them you want to verify benefits for an out of network provider (non-preferred provider)**
   a. you want to verify for speciality services (rehabilitation services) for physical, speech, and / or occupational therapy
3. **Get the answers to the following questions:**



What percent of therapy is met after hitting the deductible ?

Is this percent different if I'm seeing somoene who is OON ?

Do I need a prescription from my doctor for visits to be covered (authorization) ?

Is there a co-pay?

Is there a limit on how many visits allowed per year?

Where shall I submit claims for reimbursement (website or physical address needed) ?

OON Deductible	OON % covered	OON Copay
MD Referral	Pre-Authorization Required	Send Claims Address

What this information means:

A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.

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 or referral from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain if your PCP sent you to a specialist for help with your condition. If the referral from a MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral you'll need to include it with the claim.

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 physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.

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

Please contact us if you have any further questions.
678-343-6660