



QUESTIONS TO ASK YOUR CUSTOMER SERVICE REPRESENTATIVE ABOUT USE OF YOUR
OUT-OF-NETWORK BENEFITS

Name of Representative: _____ Date/Time: _____

1. Do I have Out-of-Network Benefits for Outpatient Physical Therapy? Yes No
2. Do I have a deductible? Yes No
 - a. If yes, how much is it? b. How much has already been met?
3. Do I have a per calendar year plan or a per benefit year plan? Yes No
 - a. If per benefit year, what are my dates of coverage?
4. What percentage of coverage is my responsibility for seeing an OON or non-preferred provider?
5. Does my policy require a written referral or prescription from my PCP? Yes No
 - a. If yes, does it need to come from my PCP or will a referral from any MD/physician, nurse practitioner (NP), Physician's Assistant (PA), or a specialist your PCP referred you to be accepted? Yes No
 - b. What is the name of my PCP on file?
6. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services? Yes No
 - a. If yes, do they have one on file? b. What is the expiration date? c. Is there a dollar or visit limit per year? Yes No
 - d. If yes, what is it?
7. Do you require a special form to be filled out to submit a claim? Yes No
8. What is the mailing address where I should send claims and reimbursement forms?
9. Is there an online website where I can submit my claim online? If yes, what is it?

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