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## **Out-of-Network Worksheet**

This worksheet was created to assist you in obtaining reimbursement for physical therapy services and is NOT a guarantee of reimbursement to you. The below should be considered prior to your first visit for treatment.

### ***How to determine your insurance benefits for physical therapy:***

1. Call the toll free number for customer service on your insurance card.
2. Select the option that will allow you to speak with a customer service agent.
3. Ask the agent to quote your physical therapy benefits in general. These are usually termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.
4. Make sure that the agent understands that you are seeing a **nonpreferred provider or out-of-network provider**, via direct access (no prescription) or with a physician's written referral.
5. **If prior authorization or precertification is required, please allow ample time for your insurance to process this before your initial consultation.**
6. Let our offices know whether there is a required form to fill out so that it can be immediately tended to.

**\*a special note to patients with Medicare:** Jae Physical Therapy does not accept Medicare, and Medicare patients can not be reimbursed for visits at this clinic.

### ***What to ask the agent:***

1. Does my policy require prior authorization or a referral on file for outpatient physical therapy?
2. Will a written prescription from any MD be accepted?
3. Do I have a deductible? If so how much is it? How much is already met? When does my deductible year end?
4. What percentage of reimbursement do I have?
5. Does the rate of reimbursement change because I'm seeing a nonpreferred (out-of-network) provider?
6. Does my policy require a written prescription from my PCP? If so, is there one on file? Is there a cost limit or visit limit per year?
7. Does the policy require a special form be filled out to submit a claim?
8. What is the mailing address I should submit claims/reimbursement forms to?

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If your policy requires priorauthorization 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 Primary Care Physician's (PCP) 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 priorauthorizations 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.

The reimbursement percentage will be based on your insurance company's established "reasonable and customary fair price" for service codes rendered. This price will not necessarily match the fee you paid for services at Jae Physical Therapy.

If your policy requires a prescription from your PCP you must obtain one to send in with the claim.

This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition.

If you accessed services via Direct Access, the physical therapist at Jae Physical Therapy will write a letter of medical necessity, send it to your physician for their signature, and this is generally received by the insurance company as a physician's prescription or referral. If the prescription from an MD is all you need, make sure to have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with the claim.