

## Questions to ask your insurance company

### 1. Do I have out-of-network benefits with this plan? YES / NO

- If NO, you should not expect reimbursement but can still submit receipts. This is true of most EPO or HMO plans.
- If YES, move on to the following questions.

### 2. What are my out-of-network Deductibles (individual / family)? This is the amount you must pay out-of-pocket before services are covered (ie. reimbursing your payments). \$ \_\_\_\_\_

### 3. What are my out-of-network benefits? They will either be co-insurance or co-pays.

CO-INSURANCE %: \_\_\_\_\_

For example, if they are 70/30 that means you are responsible for 30% of the total bill. Once your deductible is met, that means you are reimbursed 70% of your payment.

CO-PAY \$: \_\_\_\_\_

An example of a co-pay is \$25 per visit.

### 4. What is the process for having my payments credited and/or reimbursed?

Upload documents to website: \_\_\_\_\_

Mail to physical address: \_\_\_\_\_

What documentation is needed? \_\_\_\_\_

Is a *physician referral* or a *prescription* required prior to care? YES / NO

### 5. Is *prior authorization* required to have these services covered? YES / NO

\*\*\*IF YES, YOU *MUST* INFORM US OF THIS PRIOR TO YOUR FIRST VISIT

Your insurance may want the CPT codes of what we may use for treatment. They are:

\_\_ 97161 Physical therapy evaluation      \_\_ 97530 Therapeutic Activities

\_\_ 97110 Therapeutic Exercise              \_\_ 97140 Manual Therapy

\_\_ 97112 Neuromuscular Re-education    \_\_ L3000 for custom-molded foot orthotics

6. Name of insurance representative I spoke with: \_\_\_\_\_

Date of call: \_\_\_\_\_ Reference number for call: \_\_\_\_\_

**Shine Integrative Physical Therapy**

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