

Peak Pelvic Health Physical Therapy
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How to Determine Your Insurance Benefits for Physical Therapy

KEEP THIS WORKSHEET FOR YOUR RECORDS

1. Call the toll-free customer service number on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your **physical therapy benefits**. These are also known as rehabilitation benefits which can also include therapies such as occupational therapy, speech therapy, and even massage therapy.
3. Explain to your customer service provider that you want to see an **out-of-network or non-preferred provider**, which can be done either through direct access (state of NC has this) or by securing a physician's referral.
4. If your plan requires pre-authorization, please allow one week to process **before** your initial visit. Let our office know this information **immediately** and whether a form is required to fill it.

Questions every patient should ASK:

- Does your policy require pre-authorization or a referral for outpatient physical therapy services?
- Will a written prescription from any physician, or specialist your primary care provider referred you to be accepted?
- Do you have a deductible?
 - If so, how much is it?
 - How much has already been met?
- What percentage of reimbursement do you have? (60%, 80%, 90% are all common)
- Is the rate of reimbursement different when seeing an out-of-network provider?
- Is a written prescription from your primary care physician required with your policy?
 - If yes, do they have one on file?
- Is there a dollar limit or visit limit per year?
- Does our insurance company require a special form to be filled out in order to submit a claim?
- What is the mailing address where claims and/or reimbursement forms should be sent?