

Out-of-Network (OON) Insurance Benefits Reference Sheet

Navigating insurance can be difficult, we will do everything we can to help you with this process. Below is some helpful information. Please understand, this worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee by Fenix Physical Therapy & Performance, LLC, of reimbursement to you.

- **Deductible:** A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- **Co-Pay:** 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.
- **Reimbursement:** 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.
- **Referral or Prescription:** If your policy requires a referral or prescription from a provider you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.
- **Pre-Authorization:** If your policy requires pre-authorization and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your provider's office. Ask her 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.

Steps to Determine OON Therapy Benefits

1. Call the toll-free number for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative, not an automated system. Let the customer service provider know that you are seeing an **out-of-network (OON) or non-preferred provider**.
2. Ask the customer service representative to quote your **OUTPATIENT, OUT-OF-NETWORK** physical therapy benefits. Other terminology for these could be rehabilitation benefits and may include occupational therapy speech, therapy, massage therapy, and sometimes chiropractic care.
3. Ask the questions below to obtain the most information possible to guide your decision.

Questions to ask the Customer Service Representative

1. Do I have a deductible? Yes / No
 - a. If yes, how much is it? _____
 - b. How much has already been met? _____

2. Do I have a calendar year plan or a benefit year plan?
 - a. If a benefit year plan, what are the dates of my coverage?

3. What percentage of reimbursement do I have? (60%, 80%, 90%, are all common) _____

4. Does the rate of reimbursement change because I'm seeing an out-of-network or non-preferred provider?
 - a. Yes / No

5. Does my policy require a written prescription from your primary care physician? Yes / No
 - a. If yes, will a written prescription from any MD/physician, nurse practitioner (NP) Physician's Assistant (PA), podiatrist, or a specialist your PCP (primary care physician) referred you to be accepted? Yes / No

6. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services?
 - a. Yes / No

7. If yes, do they have one on file?
 - a. Yes / No

8. Is there a \$ or visit limit per year?
 - a. Yes / No
 - b. If Yes, What is it? _____

9. Do I require a special form to be filled out to submit a claim? Yes / No
 - a. How do I obtain it?

10. What is the mailing address you should submit claims/ reimbursement forms to?

11. Is there an online website where I can submit the claim? Yes / No
 - a. What is it?