

BodyBenders Physical Therapy
Health Insurance Worksheet

Primary Insurance Plan Name:

Date of Phone Call:

Time of Phone Call:

Phone Number (also include extension or menu option numbers followed):

Name of Representative:

- 1 What are my **out-of-network** outpatient physical therapy benefits?
Is there a different allowance for **habilitative** services?
("Habilitative" refers to skills that have never been previously attained.)
("Rehabilitative" refers to skills that have been lost as a result of the medical condition)
 - * # visits allowed per year
 - * copayment/coinsurance
 - * lifetime max
 - * deductible
 - * Are PT benefits combined with OT or Speech benefits?
- 2 Is pre-authorization required?
 - * # visits allowed without authorization
 - * Codes: 97001, 97002, 97110, 97112, 97116, 97530, 97535, 97760, 97762, 97542
- 3 What is the usual and customary reimbursement for the previous codes?
- 4 What is the procedure for filing a claim?
 - * mailing address
 - * required documentation (physician prescription, CMS 1500 form)

Secondary Insurance Plan Name:

Date of Phone Call:

Time of Phone Call:

Phone Number (also include extension or menu option numbers followed):

Name of Representative:

- 1 What are my **out-of-network** outpatient physical therapy benefits?
 - * # visits allowed per year
 - * copayment/coinsurance
 - * lifetime max
 - * deductible
 - * Are PT benefits combined with OT or Speech benefits?
- 2 Is pre-authorization required?
 - * # visits allowed without authorization
 - * Codes: 97001, 97002, 97110, 97112, 97116, 97530, 97535, 97760, 97762, 97542
- 3 What is the usual and customary reimbursement for the previous codes?
 - * coverage for claims denied or partially paid by primary insurance

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- 4 What is the procedure for filing a claim?
 - * mailing address
 - * required documentation (prescription, CMS 1500 form, primary insurance EOB)