

Insurance Information

Each insurance plan is different, please find out your specific coverage **prior** to coming into our office to ensure that your insurance company will cover your therapy visit. Not meeting your insurance companies requirements could result in you being responsible for the full PT visit charge

Here is a list of questions to ask your Insurance provider to help determine your PT coverage.

- Insurance Company_____
- Does my plan go from calendar year or Benefit period_____
- Does my plan coverage have any limitations (ex. Only covering PT after a hospital stay or Surgery)_____
- Do I have any PT visit limitations_____
- Are my PT benefits combined with other benefits (OT,Speech,ect)_____
- If so how many visit do I get per year/Lifetime_____
- Does my plan require a referral from a Dr_____
- Does my plan require a prescription from a Dr._____
- Does my plan require prior Authorization for PT_____
- Do I have a Deductible, if so how much_____
- Do I have a have a Co-pay/Co-Insurance for PT, If so how much_____

Do you have a Supplemental or Secondary insurance? If so,

- Does your Supplemental/Secondary cover the **Full** deductible and/or co-pays/co-insurance from your Primary Insurance_____

If not

- Does your secondary/supplemental insurance have a deductible_____
- Does your secondary/supplemental insurance have a co-pay_____

