

How to Determine Your Insurance Out of Network Physical Therapy Benefits

1. Call the toll free customer service number on the back of your insurance card. Select the option that allows you to speak to an actual person.
2. Ask the provider to quote your out of network physical therapy benefits. This often is grouped together with speech therapy and occupational therapy so clarify this.

Specific Questions to Ask

- Do I need a pre-authorization or a referral on file for outpatient physical therapy?
- If yes, is there already one on file for Specialized Spine Care, Inc.?
- Is there a limited number of physical therapy visits allowed per calendar year?
- Will a referral be accepted from any provider my primary MD referred me to or must it specifically be from my primary MD?
- Do I have a deductible for out of network benefits? How much is it and how much has already been met?
- What percentage of coverage will be my responsibility since this is out of network?
- Is a written prescription from my primary MD required for out of network physical therapy services and/or for reimbursement of it?
- Does my policy require a physical therapy evaluation with a Plan of Care that is signed by both the Physical Therapist and the Physician?
- Do you require a special form to be filled out to submit an out of network claim?
- What is the mailing address and/or website where the claims can be submitted for reimbursement?

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What it Means

Navigating insurance can be difficult, we will do everything we can to help you with this process.

Pre-Authorization: If your policy requires pre-authorization and the insurance company does not have one listed, you will 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-authorization have an expiration dates and some set a visit limit. If you are approaching the expiration date or visit limit, you will need the referral coordinator to submit a request for more treatment.

Deductible: A deductible must be satisfied before the insurance company will start paying for medical treatment. Submit all bills to help reach the deductible amount.

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 to you from Specialized Spine Care, Inc.

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 will need to include it with the claim. The **Evaluation with Plan of Care** will be created by the Physical Therapist who performs the evaluation. This can then be faxed to your referring/primary MD where it can be signed and then returned to the clinic. This usually qualifies as the prescription for treatment.