

## Insurance Verification Tutorial/Questionnaire

### Information You Will Need To Access Your Insurance Information

Insurance company phone number: (located on your insurance card): \_\_\_\_\_

Your name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Important Questions To Ask About Your Physical Therapy Benefit

Spoke with: \_\_\_\_\_ Date: \_\_\_\_\_

What date is my contract effective?: \_\_\_\_\_

What is my **OUT OF NETWORK** deductible? \_\_\_\_\_

How much of that deductible have I met as of today? \_\_\_\_\_

What is my **OUT OF NETWORK** co insurance % once my deductible has been met? \_\_\_\_

**Is my co insurance a % of the amount billed?** \_\_\_\_\_

OR

**Is my co insurance a % of what the insurance company decides is “reasonable and customary” ?** \_\_\_\_\_

Do I have an **OUT OF NETWORK** co -pay? \_\_\_\_\_

What is the difference between a co pay and co insurance? \_\_\_\_\_

What will my personal financial responsibility for an **OUT OF NETWORK** visit be? \_\_\_\_

Do I have a limit on the number of visits I have for physical therapy per year? \_\_\_\_\_

How many have been used? \_\_\_\_\_

Do I need a physician referral? \_\_\_\_\_

Do I need pre authorization for an **OUT OF NETWORK** visit ? \_\_\_\_\_

What do I need to do to obtain pre authorization? \_\_\_\_\_

\_\_\_\_\_  
What number do I call? \_\_\_\_\_

Is there anything else I need to know about my **OUT OF NETWORK** physical therapy benefit?  
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