



UNDERSTANDING YOUR INSURANCE BENEFITS

Movement Physical Therapy is committed to you having a positive all-around experience while in our care. To assist with this process, we highly recommend that you understand your insurance benefits. Movement Physical Therapy will not know all of the specific details of your insurance until after we have billed it.

Below is a general guide of how to determine your insurance benefits for Physical Therapy services. Note that Movement Physical Therapy collects a **deposit/estimate (\$95)** of payment from you at the time of service. The balance after being billed to you and your insurance will be settled among payers after the care and billing process is over. For example, if you have a credit, Movement will mail you a check; or, it may also mean that you still owe Movement and will be billed.

Tips for understanding your insurance benefits

Use the worksheet below to help estimate your financial responsibility for physical therapy treatment at Movement.

1. Call the toll-free phone number for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your Physical Therapy benefits in general. These are frequently termed “rehabilitation benefits” and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. Make sure the customer service provider understands you are seeing a preferred provider/in-network provider who your doctor referred you to.

Insurance benefits questionnaire		
Do you have a deductible? Y <input type="checkbox"/> N <input type="checkbox"/>	If so, how much is it?	How much has already been met?
WHAT THIS MEANS A deductible must be satisfied before the insurance company will pay for treatment.		
Do you have an out of pocket maximum ? Y <input type="checkbox"/> N <input type="checkbox"/>	If so, how much is it?	
How much has already been met?		
Do you have a copay or coinsurance ? Y <input type="checkbox"/> N <input type="checkbox"/>	If so, how much is it?	
WHAT THIS MEANS The copay, coinsurance, and deductible will be billed to you at the end of the monthly billing cycle. You may also pay it at the time of service.		
What percentage of reimbursement do you have? 60% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> Other		
Does the rate of reimbursement change because you're seeing a preferred provider? Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT THIS MEANS The reimbursement amount 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. Oftentimes it is a rate contracted between Movement Physical Therapy and your insurance company. You will likely receive an explanation of benefits (EOB) from your insurance company before you receive a bill from Movement Physical Therapy.		
Does your policy require a written prescription from your primary care physician (PCP)? Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT THIS MEANS If your policy requires a prescription from your PCP you must obtain one to provide to Movement Physical Therapy. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. Each time you receive an updated prescription you'll need to provide it to Movement Physical Therapy.		
Will a written prescription from any MD (or a specialist that your PCP referred you to) be accepted? Y <input type="checkbox"/> N <input type="checkbox"/>		
Does your policy require pre-authorization or a referral on file for outpatient Physical Therapy services? Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT THIS MEANS If your policy requires pre-authorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office. Ask them 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.		
If yes , do they have one on file? Y <input type="checkbox"/> N <input type="checkbox"/>		
Is there a monetary or visit limit per year or condition? Y <input type="checkbox"/> N <input type="checkbox"/>	If so, what is it?	