



INSURANCE BENEFIT WORKSHEET
KEEP THIS WORKSHEET FOR YOUR RECORDS

Today's reimbursement climate is in a constant state of flux. Unfortunately, it is not possible for our billing department to understand the full details and nuances of each individual's physical therapy coverage, as the insurance company always gives the disclaimer that the information they give us is subject to the processing under the plan umbrella, and will be subject to those terms at the time of processing (basically informing us misinformation is possible, and they are not liable for it). In order to assist you in fully understanding your physical therapy coverage under your insurance plan, we have developed this questionnaire to be completed PRIOR to your first visit. Though we also verify your benefits, this does not occur until after your first appointment. Of critical importance for you to know PRIOR to your first appointment are 1) your CO-PAY amount and 2) whether your physical therapist is a PREFERRED PROVIDER for your plan. All our physical therapists are not providers for all insurance plans. If your PT is not a preferred provider for your plan, you will not be eligible for in-network benefits. You may want to reschedule with another provider to receive in-network benefits.

- Insurance plan name or program name: _____
- Member ID number: _____ Group number: _____
- Customer Service phone number (w/area code) _____
- Name of customer service representative: _____
- Insurance claim address: _____
- Date eligibility began: _____
- Deductible: \$ _____ Co-pay: \$ _____ Co-insurance: \$ _____
- Maximum allowable benefit for physical therapy: \$ _____ # visits _____
- Remaining \$ _____ # visits _____ for current year as of _____
- Is my physical therapist a PREFERRED PROVIDER for my plan? yes no
- If your company is an HMO or PPO, and we are NOT a provider for the plan, what is the benefit coverage for 360° sports medicine and spine therapy, LLC.? (i.e., 60%, 80%, etc.).
- Does this plan require a referral (NOTE: a referral and prescription are not one and the same) from the primary Care physician to 360° sports medicine and spine therapy, LLC for payment of services?
yes no
- Does this plan require pre-authorization for physical therapy? yes no

We realize that completion of this form is an added burden to you as a consumer, and we thank you very much for your assistance. This completed form will provide you with important information regarding your physical therapy insurance benefits, and enable us to process your claim in a timely basis.

WHY THIS INFORMATION IS IMPORTANT FOR YOU TO KNOW

- Today's complicated reimbursement climate is in a constant state of flux. It is not possible for our billing department to understand the details of each individual's physical therapy coverage. It is your responsibility to fully understand all the details of your particular plan.

- Your deductible must be satisfied before the insurance company will pay for treatment. You will be billed for any unsatisfied deductible amount.

- Office co-pays are due at the time of service. The co-pay amount on your insurance card may not be the co-pay amount for physical therapy visits. You must obtain this information from your customer service representative.
- Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility. You will be billed for your co-insurance amount on a monthly basis.

- If your policy requires a prescription from your primary care physician (PCP) or non-physician practitioner (NPP), you must obtain a current prescription in order for your plan to pay for physical therapy services. You must have a current prescription for the duration of your physical therapy care.

- If your policy requires a referral or pre-authorization on file, you will need to contact your PCP's referral coordinator and ask that a current copy be sent to both your insurance company and to our office.

- Be aware that prescriptions, referrals, and pre-authorizations have expiration dates and/or a set visit limit. Check to be sure your paperwork has not expired prior to your first visit. We will assist you in tracking expirations of prescriptions, referrals, or pre-authorizations once you have begun care with us.

- All our physical therapists are not preferred providers for all physical therapy plans. It is important for you to know whether your physical therapist is a preferred provider for your plan. If your PT is not a preferred provider for your plan, you will not be eligible for in-network benefits. You may want to reschedule with another provider to receive in-network benefits.

- Rehabilitation benefits can include occupational therapy, speech therapy, massage therapy, or acupuncture. In addition, physical and chiropractor office can provide and bill for physical therapy services. These services will be paid out of the same benefit limit.

- Keep in mind that PT 360° can ONLY TRACK your plan and prescription limits for services provided at PT 360°. It is YOUR responsibility to track services received from other practitioners in other offices. If you exceed your plan limits, you are responsible for payment of physical therapy services not covered by your plan.

- Though your plan may not require a prescription for physical therapy to process your claim, ALL plans do require that the services billed are medically necessary. To assist in demonstrating medical necessity for your plan of care, PT 360° policy requires a current doctor's prescription for physical therapy services. In the absence of a current prescription, you will be asked to sign a waiver agreeing to pay any patient balance due as a result of denial of payment due to lack of medical necessity. Prescriptions are current for 90 days unless otherwise specified.