

## INSURANCE VERIFICATION FOR PHYSICAL THERAPY BENEFITS

Patient Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Date of Call \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Contact Person \_\_\_\_\_  
(located on back of card)

Effective Coverage Dates \_\_\_\_\_ Physical Therapy Benefits? Yes No

Are there limits to these **Physical Therapy benefits**? Yes No

Number of Visits \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Have any benefits been used this year? Yes No

Number of Visits \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Does this plan have a **deductible**? Yes No

How much is this deductible? \_\_\_\_\_

How much of it has been met? \_\_\_\_\_

What percentage of the allowable charge is **paid by insurance**? \_\_\_\_\_

What percentage of allowable charge is **patient responsibility**? \_\_\_\_\_

Is there a **co-pay**? Yes No How much? \_\_\_\_\_

ARE EITHER OF THE FOLLOWING REQUIRED FOR PHYSICAL THERAPY TO BE COVERED?

### **PRIOR AUTHORIZATION/REFERRAL**

The process for this varies depending on the insurance company. Typically, the doctor referring the patient to physical therapy submits a request for prior authorization to the insurance company. The insurance company then authorizes how much physical therapy they will cover.

---

### **REFERRAL/WRITTEN ORDER/PRESCRIPTION**

Referring doctor gives this to patient to bring to physical therapy.

---