

Call the toll-free number for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative, not an automated system. Let the customer service provider know that you are seeing an out-of-network (OON) or non-preferred provider. 2. Ask the customer service representative to quote your OUTPATIENT, OUT-OF-NETWORK Physical Therapy benefits. OR ASK THE QUESTIONS BELOW

Questions to ask the Customer Service Representative Name of Representative:

\_\_\_\_\_ Date/Time: \_\_\_\_\_

1. Do I have Out-of-Network Benefits for Outpatient Physical Therapy? Yes  No

2. Do I have a deductible? Yes  No

a. If yes, how much is it? \_\_\_\_\_

b. How much has already been met? \_\_\_\_\_

3. What percentage of coverage is my responsibility for seeing an OON or non-preferred provider? \_\_\_\_\_

4. Does my policy require a written referral or prescription from your primary care physician (PCP)? Yes  No

a. If yes, does it need to come from my PCP or will a referral from any MD/physician, nurse practitioner (NP), Physician's Assistant (PA), or a specialist your PCP referred you to be accepted? \_\_\_\_\_

5. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services? Yes  No

6. Do you require a special form to be filled out to submit a claim? Yes  No

7. What is the mailing address where I should send claims and reimbursement forms?

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\_\_\_\_\_

8. Is there an online website where I can submit my claim online? If yes, what is it?

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