



## OUT-OF-NETWORK CLAIM INFORMATION GUIDE

*Please note:* This is just a guideline of some questions to consider asking your insurance representative. More questions may be necessary to discuss with the member services representative. Payment and coverage is based on your insurance benefit.

“ I need to check my out-of-network benefits for physical therapy.”	
Patient Name, DOB, and Member ID #:	
Insurance and Phone #:	
Out-of-Network:	Does the plan allow reimbursement of out-of-network physical therapy claims? If not, are there any exceptions such as transition plans of care, etc?
Deductible for plans that are “per Calendar Year”:	\$ per individual
	\$ per family
Deductible for plans that are “plan year-to-date”:	Date Range:
	\$ per individual
	\$ per family
Co-insurance after Deductible:	% Family Pays of allowed amount
	% Insurance Pays of allowed amount
Out-of-pocket Maximum:	\$ per individual
	\$ per family
	Does out of pocket maximum include the deductible?
# Visits per calendar year allowed:	# Physical Therapy only?
	# Physical Therapy, Occupational Therapy, Speech Therapy, Chiropractic’s combined?
Prior Authorization:	Will visits need prior authorization?
	Where do I find prior authorization forms?
	Who and where do we send prior authorization forms to?
Spoke to:	Name? Date?
	Call Reference #?