



## 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 are 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:	\$ per individual
Is it calendar year or contract year?	\$ per family
Co-insurance after Deductible:	% Family Pays of <i>billed amount</i> or <i>allowed amount</i> ?
	% Insurance Pays of <i>billed amount</i> or <i>allowed amount</i> ?
Out-of-pocket Maximum:	\$ per individual
	\$ per family
	Does out of pocket maximum include the deductible & coinsurance?
# Visits per calendar year allowed:	# Physical Therapy only?
	# Physical Therapy, Occupational Therapy, Speech Therapy, Chiropractic combined?
Prior Authorization:	Will visits need prior authorization?
	Who and where do we send prior authorization forms to?
Claim Submittal	Let your insurance know that you, as the member, will be billing them for reimbursement and what is the process?
Spoke to:	Name? Date?
	Call Reference #?