

OUT-OF-NETWORK COVERAGE WORKSHEET

Step-by-step guide to determining your out-of-network benefits for outpatient physical therapy.

This worksheet is designed to help you determine if you are eligible for out-of-network outpatient physical therapy reimbursement with your current insurance plan.

Ortho Coach LLC and its staff **will not** communicate with insurance providers.

Ortho Coach Physical Therapy Pricing

- **In-Clinic:** \$150 Evaluations | \$120 Follow-up Visits
- **Mobile:** \$180 Evaluations | \$150 Follow-up Visits

All visits are 60-minute one-on-one treatments.

01

Call your toll-free customer service number.

Dial the toll-free customer service phone number on your insurance card. Follow the prompts to **Speak with a customer service representative**, not an automated machine.

Representative Name: _____

Date & Time of Call: _____

Continue to page 2 for questions to ask customer service.

02

Confirm your out-of-network physical therapy benefits.

Ask the customer service representative to explain your **physical therapy benefits for out-of-network providers** (also known as "non-preferred providers").

These may also be called "rehabilitation benefits."

Ensure the customer service representative understands you want to see an out-of-network/non-preferred provider.

Because Ortho Coach does not contract with insurance companies, we are considered an out-of-network/non-preferred provider.

Notes: _____

Confirm the following information about your out-of-network benefits.

03

"Do I have a deductible?"

Ask about your physical therapy deductible and how it relates to your out-of-network physical therapy benefits.

Do you have a deductible? Yes / No (Circle one)

If yes...

- How much is it? _____
- How much has already been met? _____
- How much is remaining? _____

04

"What percentage of reimbursement do you offer?"

Ask if and at what percentage you will be reimbursed if you see an out-of-network provider.

Reimbursement Percentage: _____

Confirm the reimbursement rate is for out-of-network/non-preferred providers.

05

"Does my policy require a written prescription?"

See if you need a prescription from a doctor to receive physical therapy.

If you live and receive treatment in Kansas, you may be eligible for a number of visits without a script or referral under Direct Access.

Is a prescription required? Yes / No

If yes...

- Will a script from any physician or specialist be accepted? Yes / No

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

If yes... Do they have one on file? Yes / No

- If no... You will need to obtain one from your physician.

- Is there an annual dollar or visit limit? Yes / No

Limit: _____

06

"Do you require a specific form to submit a claim?"

If your insurance company does offer re-imbusement, see if you need a special form to submit a claim.

If yes...

◦ How do you obtain it? _____

◦ How do you submit claims/reimbursement forms? Mail / Online

Mailing or web address to submit claim:

◦ Is there a time limit for submitting a claim? Yes / No

If you require a prescription or referral to obtain physical therapy services, be sure to include a copy every time you submit a claim.

07

That's it!

You should have the information you need to understand your out-of-network physical therapy benefits.

Ask if there's anything else you should know to be sure.

This worksheet is designed to help you understand your physical therapy benefits and is not a guarantee of reimbursement.

RETAIN THIS WORKSHEET FOR YOUR RECORDS