

Professional Rehabilitation Services

Patient Insurance Worksheet

We accept all insurances that have in and out-of-network benefits. We will verify your benefits as a courtesy. All benefit information given to us by insurance companies is sometimes erroneous and inaccurate. We urge you to call your insurance company for complete details on your physical therapy benefit responsibilities including both covered and non-covered services.

For accurate information call the “toll free” number on your card. Make sure you speak to a representative, do not use the automated system.

***Tell the representative that Professional Rehabilitation Services is an “Outpatient Physical Therapy Office” (privately owned) and we file as office place code 11 on a 1500 claim form ***

Name of person you are speaking with _____ Date _____

Reference # for the call (if available): _____

1. How much is my deductible for Physical Therapy? \$ _____ Amt Met? \$ _____
2. Do I have a co-pay each date of service? Y / N How Much? \$ _____
3. What is my co-insurance percentage? (Ie: 40%, 30%, 20%) _____
4. Does my policy require pre-authorization for physical therapy services? Y / N
If yes, what needs to be done? _____
5. How many physical therapy visits do I have per year? _____ Used? _____
6. Is there a maximum dollar amount that my plan pays for physical therapy? Y / N
Amount Used? _____
7. For secondary insurances (ex: UHC, AETNA) Does my out of pocket need to be met before paying? Y / N What is out of pocket amount? \$ _____
8. Is there any Physical Therapy non-covered services that are not covered by my plan?

9. Other: _____

Please bring this to your next visit and we will make a copy for our records.

I understand that I am responsible for obtaining accurate information about my insurance benefits so that Professional Rehabilitation Services can bill them correctly on my behalf. If the above information is inaccurate after I have called to verify I understand, I will be responsible for paying any balance that is my responsibility to Professional Rehabilitation Services.

I verify I have called and got the following benefits above from my insurance company

Signature

Date

Until the benefits are verified by insurance processing we will continue to collect upfront your estimated responsibility.