

**INSURANCE BENEFIT WORKSHEET**  
**KEEP THIS WORKSHEET FOR YOUR RECORDS**

- Insurance plan name or program name: \_\_\_\_\_
- Member ID number: \_\_\_\_\_ Group number: \_\_\_\_\_
- Customer Service phone number (w/area code) \_\_\_\_\_
- Name of customer service representative: \_\_\_\_\_
- Insurance claim address: \_\_\_\_\_
- Date eligibility began: \_\_\_\_\_
- Deductible: \$\_\_\_\_\_ Co-pay: \$\_\_\_\_\_ Co-insurance: \$\_\_\_\_\_
- Maximum allowable benefit for physical therapy: \$\_\_\_\_\_ # of visits \_\_\_\_\_
- Remaining \$\_\_\_\_\_ # of visits \_\_\_\_\_ for current year as of \_\_\_\_\_
- Is my physical therapist a PREFERRED PROVIDER for my plan?    yes    no
- If your company is an HMO or PPO, and we are NOT a provider for the plan, what is the benefit coverage? (60%, 80%, etc.).
- Does this plan require a referral or a prescription from your primary care physician for payment of services?    yes    no
- Does this plan require pre-authorization for physical therapy?    yes    no

**WHY THIS INFORMATION IS IMPORTANT FOR YOU TO KNOW:**

- Your deductible must be satisfied before the insurance company will pay for treatment. You will be billed for any unsatisfied deductible amount.
- Office co-pays are due at the time of service. The co-pay amount on your insurance card may not be the co-pay amount for physical therapy visits. You must obtain this information from your customer service representative.
- Your co-insurance amount is the amount not covered by your insurance plan. The co-insurance amount is the patient responsibility. You will be billed for your co-insurance amount on a monthly basis.
- If your policy requires a prescription from your primary care physician (PCP) or non-physician practitioner (NPP), you must obtain a current prescription in order for your plan to pay for physical therapy services.
- If your policy requires a referral or pre-authorization on file, you will need to contact your PCP's referral coordinator and ask that a current copy be sent to both your insurance company and our office.
- Be aware that prescriptions, referrals, and pre-authorizations have expiration dates and/or a set visit limit. Check to be sure your paperwork has not expired prior to your first visit.
- I am not a preferred provider for all physical therapy plans. If I am not a preferred provider for your plan, you will not be eligible for in-network benefits. You may want to reschedule with another provider to receive in-network benefits.
- Rehabilitation benefits can include occupational therapy, speech therapy, massage therapy, or acupuncture. In addition, physician, massage therapy and chiropractor offices can bill for physical therapy services. These services will be paid out of the same benefit limit. Keep in mind that SMPT can only track your plan and prescription limits for services provided at SMPT. It is your responsibility to track services received from other practitioners in other offices.