

**On the back of your insurance card you will find the phone number of your insurance company that can help you find a participating provider and help you answer all questions regarding your benefits.**

**Here are listed some important questions regarding your benefits:**

- 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:** \$ \_\_\_\_\_
- **Deductible used** \$ \_\_\_\_\_
- **Co-pay:** \$ \_\_\_\_\_
- **Co-insurance:** % \_\_\_\_\_
- **Maximum allowable benefit for physical therapy:** \$ \_\_\_\_\_ or # visits \_\_\_\_\_
- **Remaining \$ \_\_\_\_\_ # visits \_\_\_\_\_ for current year as of \_\_\_\_\_**
- **Is my physical therapist or Core Physical Therapy, PC a PREFERRED PROVIDER for my plan?** \_\_\_\_\_ yes/\_\_\_\_\_ no.
- **If your company is a HMO or PPO, and if we are not a provider for your plan, what is the benefit coverage for Core Physical Therapy, PC, if you receive treatment out of network (generally a %):** \_\_\_\_\_%.
- **Does my plan require a referral from the Primary Care physician to Core Physical Therapy, PC for payment of services? (NOTE: a referral and prescription are not one and the same):** \_\_\_\_\_ yes/\_\_\_\_\_ no.
- **Does my plan require pre-authorization for physical therapy?** \_\_yes/\_\_ no.

The answers to the questions above will provide you with important information regarding your physical therapy insurance benefits.

Though your plan may not require a prescription or referral for physical therapy to process your claim, all plans do require that the services billed are medically necessary. Please note that prescriptions and referrals are current for 90 days unless otherwise specified.