



SAKASH HEALTH AND WELLNESS

PATIENT INSURANCE WORKSHEET

Sakash Health and Wellness is an out of network provider and payment will be due at the time of service. You will be given an invoice after your visits that you can submit to your insurance for reimbursement. We will offer guidance on how to manage your out-of-network benefits. We suggest that prior to your first visit you contact your insurance company to confirm your coverage benefits. This form serves as a checklist to help you get the necessary information in order to maximize your reimbursement.

Where To Begin:

1. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Ask the customer service provider to quote your physical therapy benefits in general. These are frequently termed rehabilitation benefits and can include occupational therapy, speech therapy, and sometimes massage therapy.
3. Make sure the customer service provider understands you are seeing a non-preferred provider/outof-network provider.

What Insurance Terms Mean:

- A **deductible** must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- **Coinsurance** is a form of cost-sharing, or splitting the cost of service between insurance company and consumer. You typically pay **coinsurance** after meeting your annual deductible.
- If you have an office visit **co-pay** the insurance company will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.
- The reimbursement percentage will be based on your insurance company's established "**reasonable and customary/fair price**" for the service codes rendered.

This price will not necessarily match the charges billed; some may be less, some may be more.

- If your **policy requires a prescription or referral** from your PCP you must obtain one from your PCP to send in with the claim. If the referral from a MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral you'll need to include it with the claim. The prescription or referral should read "Physical Therapy Evaluate and Treat PRN".

- If your policy requires **pre-authorization or a referral on file** and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.

What you will need to know:

Patient Name: _____

Primary Insurance Company: _____

Insurance ID#: _____ Group #: _____

Plan Type: _____ Insurance Tel#: _____

Insurance effective date: ____/____/____

Name of person you are speaking with: _____

ID: _____

Time of Day: _____ Tracking ID for the call: _____

How much is my out-of-network deductible? \$ _____

Is there Individual vs. Family deductible? Yes / No \$ _____

How much of my deductible has been met? \$ _____

What is my co-insurance percentage? 10% 20% 30% 40% Other % _____

Does my policy require pre-certification (like ORTHONET) for physical therapy services?

Yes/No If yes, Pre-Cert Phone #: _____

Pre-Cert Authorization #: _____

Number of sessions allowed with this Pre-Cert: _____

Expiration Date? Yes/No ____/____/____

How many out-of network physical therapy visits do I have? _____ Visits per yr _____

per year/per lifetime _____ per condition/per year _____

Is there a maximum amount/cap that my plan pays for out-of-network physical therapy?

Yes / No \$_____ Number of PT visits used already this year:_____

Secondary Insurance:_____

Secondary Insurance ID#:_____ Secondary Insurance Tel#:_____

Effective date: __/__/__ Deductible:_____ Co-Insurance payment:_____