



Know your Benefits, Know before you Go:

Know your Limits: Review your coverage or call your insurance provider to determine your insurance benefits. This information will help you discuss your plan of treatment with your Physical Therapist to ensure you get the most out of your benefits, and know what to expect.

Key Questions to Ask:

- How many outpatient physical therapy visits are you allowed each year?
- Do you have a deductible?
- Have you met your deductible?
- Do you have a coinsurance? If yes, what is the coverage?
- Do you need pre authorization or pre certification?
- Do you need a prescription?

Key terms to know when reviewing/discussing your benefits

Deductible: A flat amount that you must pay before the insurer will make any benefit payments. The deductible is usually a set amount or percentage determined by the member's contract and is set for a given period of time.

Coinsurance: A provision in a member's coverage that limits the amount of coverage by the plan to a certain percentage, commonly 80 percent. Any additional costs are paid by the member out of pocket.

Copayment: A specified dollar amount that a member must pay out-of-pocket for a specified service at the time the service is rendered.

Out-of-pocket Maximums: Dollar amounts set by insurance companies that limit the amount a member has to pay out of his/her own pocket for particular healthcare services during a particular time period.

Example of Insurance with a deductible and coinsurance Coverage:

The Deductible is \$1,500 for the year, you have only met \$500, you will pay out of pocket for services until you reach the \$1,500 deductible. Once the deductible is met, and you have a coinsurance that is 80/20 you the insured will pay 20% of the cost of service while the insurer will cover 80% of service.

Please inquire with our office staff or billing office for specific rates