



Insurance Guide - How to determine your out-of-network benefits and submit a self-claim

If you have out-of-network benefits through your insurance plan, it is possible that you can get reimbursed for physical therapy. Upon request, we will provide you with a receipt that has all the necessary information for you to file a self-claim.

It is important that you call your insurance company to find out exactly what your out-of-network benefits are and what their procedure is for filing a claim, **before** you submit your claim. Although you do not need a doctor's prescription to receive treatment, occasionally your insurance plan may require it for you to get reimbursed. Additionally, sometimes insurance plans will require pre-authorization in order for visits to be reimbursed.

Here is how to find out your out-of-network benefits and get instructions to submit a self claim:

Call the member services phone number found on your insurance card and follow the prompts that allow you to find out your "**benefits and eligibility**". Even better, request to speak to a representative. Then make sure you get the answers to the following questions:

1. What are my **out-of-network** benefits for physical therapy? (Make sure they give you the out-of-network, **not** the in-network benefit information)
2. What is my deductible?
3. How much will you reimburse after the deductible is met?
4. Do I need pre-authorization for visits to be covered?
5. Do I need a doctor's prescription for services to be covered?
6. What is the procedure for filing a self-claim?