



# Patient Insurance Worksheet

Payment for your services is due at the time of service. We will provide you with a bill that you can use to submit to your insurance company. It is important that you are an educated consumer and understand the nuances and subtleties of your plan. To that end, we have created this worksheet for you to use when contacting your insurance company.

Always remember to get the first name, last initial, and the call or reference ID for any contact you have

**For accurate information call the member services toll free number on your card. Make sure you speak to a human being, do not use the automated system. Please call us at 212-213-4660 after you obtain your benefits information.**

Name of person you are speaking with \_\_\_\_\_ Time of day \_\_\_\_\_

Tracking ID for the call or representative ID \_\_\_\_\_

1 - How much is my out-of-network deductible? \_\_\_\_\_

2 - How much of my deductible has been met? \_\_\_\_\_

3 - What is my co-insurance percentage? (ie: 40%, 30%, 20%, 10%) \_\_\_\_\_

4 - Does my policy require pre-authorization like ORTHONET for physical therapy services? Y / N

5 - How many out-of-network physical therapy visits do I have? \_\_\_\_\_

6 - Is there a max \$ cap that my plan pays for out-of-network physical therapy? Y / N

If you need help or have any questions, please don't hesitate to call us at 212-213-4660.

We look forward to helping you get the results you desire.