



How to Determine Your Insurance Benefits for Occupational Therapy

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 occupational therapy benefits in general. These are frequently termed rehabilitation benefits and can include physical therapy, speech therapy, and sometimes massage therapy.
3. **A special note to patients with Medicaid:** ABP Health PLLC, does NOT currently accept Medicaid Insurance and we are unable to accept beneficiaries as rehabilitation patients.

What YOU need to know:

- Do you have a deductible? Y / N
If yes, how much is it? _____
How much is already met? _____
- What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) _____
- Does your policy require a written prescription from your primary care physician? Y / N
- Will a prescription from any MD, DO, or specialist your PCP referred you to be accepted? Y / N
- Does your policy require pre-authorization or a referral on file for outpatient therapy services? Y / N
If yes, do they have one on file? _____
- Is there a \$ or visit limit per year? _____
- Do you require a special form to be filled out to submit a claim? Y / N
If pre-authorization is required, please allow ample time (approximately 2-3+ weeks) to process **BEFORE** your initial consultation. Let our offices know *immediately* and provide a copy of form.

What is the mailing address you should submit claims/ reimbursement forms to? _____



What this information means:

- A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- 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.
- If your policy requires a prescription from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. If the prescription 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 prescription you'll need to include it with the claim.
- 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 occupational therapy treatment that is dated to cover your first 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.

This worksheet was created to assist you in obtaining reimbursement for Occupational Therapy services and is not a guarantee of reimbursement to you.

KEEP THIS WORKSHEET FOR YOUR RECORDS