



## INSURANCE VERIFICATION

TO BE CERTAIN WHAT YOUR INSURANCE WILL COVER, you should phone your insurance company and make sure you speak with a person; get their name and ask what "outpatient physical therapy" benefits your plan will pay to Jacksonville Physical Therapy. The form below is provided for your convenience as a guideline.

They'll ask you:

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Subscriber ID#:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

Your questions regarding your benefits:

### **BENEFITS:**

1. When did my coverage become effective: \_\_\_\_\_
2. Is Jacksonville Physical Therapy a participating provider? \_\_\_ Yes \_\_\_ No
3. What is my annual deductible? \$ \_\_\_\_\_
4. What amount of my deductible has been met to date? \$ \_\_\_\_\_
5. Is my responsibility based on a percentage or a copay? \_\_\_\_\_
6. If copay, what is my copay? \$ \_\_\_\_\_
7. If percentage, what is the percentage of coverage after my deductible is met?  
\_\_\_\_\_ %
8. Is there a separate deductible for nonparticipating providers? \_\_\_ Yes \_\_\_ No
9. Do you cover at a different percentage for nonparticipating providers?  
\_\_\_ Yes \_\_\_ No If yes, what is the percentage? \_\_\_\_\_ %
10. What is my maximum benefit for outpatient physical therapy per year?  
\$ \_\_\_\_\_
11. Do you require a physician prescription to receive outpatient physical therapy? \_\_\_ Yes \_\_\_ No
12. Is prior authorization required to receive treatment? \_\_\_ Yes \_\_\_ No