



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