



Insurance Benefits Questionnaire

Name of your insurance company _____

The following information was given to me by _____

_____ on _____
(Name of Customer Service Rep) (Date and Time)

These questions should cover **most** cases:

1. Does my policy cover physical therapy? Yes No
2. Do I need a prescription for physical therapy? Yes No
3. Do I need a referral for physical therapy? Yes No
4. If **yes** (to 2 or 3 above), should the prescription/referral come from my primary care provider? Yes No
5. Do I need pre-authorization for physical therapy? Yes No
6. Who requests the pre-authorization?

7. Is Stephen Thompson / In Synch PT contracted with this insurance company? Yes No
8. If yes (to 7 above), what is my (in network) physical therapy deductible? _____
9. If no (to 7 above), is Stephen Thompson / In Synch PT affiliated with this insurance company? Yes No
10. If yes (to 9 above) what is my out of network physical therapy deductible? _____
11. When does my benefit year turn over? _____ My benefit year begins on _____

If you intend to seek reimbursement from your health insurer for out of network physical therapy, please download its medical claim or reimbursement form and bring it with you to your first appointment.

Patient Signature

Date