



277 Peninsula Farm Rd.

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### How to Determine Your Insurance Benefits for Occupational Therapy

1. Call the toll free # on your insurance card. Select the option that allows you to speak with a customer representative instead of the automated system.
2. Ask the representative to quote your occupational therapy benefits in general. These are frequently termed rehabilitation benefits and can include physical, occupational and speech therapy and sometimes massage therapy.
3. Make sure the customer service representative understands that you are seeing a non-preferred provider/out-of-network provider.

#### What YOU need to know:

- Do you have a deductible?
  - o Y/N If so, how much? \_\_\_\_\_ How much is already met? \_\_\_\_\_
- What percentage of reimbursement do you have?  
(60%, 80%, 90% are all common) \_\_\_\_\_
- Does the rate of reimbursement change because you're seeing a non-preferred provider? Y/N
- Does your policy require a written referral from your primary care physician? Y/N
- Will a written prescription from any physician, or specialist that your PCP referred you to be accepted? Y/N
- Does your policy require a pre-authorization or a referral on file for outpatient occupational therapy services? Y/N
  - o If yes, do they have one on file? Y/N
- Is there a \$ or visit limit per year? \_\_\_\_\_
- Do you require a special form to be filled out to submit a claim? Y/N
  - o If yes, how do I obtain it?
- What is the mailing address or fax number that claims should be submitted to?
- Is there an online website where claims can be submitted? Y/N
  - o If yes, what is it?



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### 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 co-pay amount, the insurance company will subtract that amount from the percentage they pay. This will affect the amount of reimbursement that you receive.
- The reimbursement percentage will be based on your insurance companies established "reasonable and customary/fair price" for the service codes rendered. The price will not necessarily match the charges billed. Some may be less; some may be more.
- If your policy requires a prescription from your PCP or oncologist you must obtain one and send it in with your claim. This is usually not difficult since your PCP or oncologist sent you to a specialist to help you with your condition. If the referral from an MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral, you will need to include it with your 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 or oncologist office. Ask them to file a referral for your occupational therapy treatment that is dated to cover your first occupational therapy visit. Be aware that referrals and pre-authorization have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you will need the referral coordinator to submit a request for more treatment.