ORCAS ISLAND PHYSICAL THERAPY, PLLC
PO BOX 487 *** 49 DEYE LANE
EASTSOUND, WA 98245
PHONE 360-376-6604 / FAX 360-376-4059

INSURANCE BENEFITS QUESTIONNAIRE

TO ENSURE YOUR INSURANCE BENEFITS COVER OUT-PATIENT PHYSICAL THERAPY, PLEASE CONTACT YOUR INSURANCE CUSTOMER SERVICE REPRESENTATIVE, ASK THE FOLLOWING QUESTIONS AND:

* **WRITE THE ANSWERS IN THE SPACES PROVIDED.**
* **RETURN THE COMPLETED FORM TO OUR OFFICE.**

QUESTIONS FOR OUT-PATIENT THERAPY

OUR PROVIDER NAME: **ORCAS ISLAND PHYSICAL THERAPY, PLLC TAX ID # 68-0579585**

INSURANCE COMPANY NAME: _____ PLAN NAME: _____

CUSTOMER SERVICE REPRESENTATIVE: _____ SPOKEN WITH: _____
NAME DATE

1. Do I need a prescription or referral for physical therapy from my:
   A. _____ Primary Care Physician
   B. _____ Any physician in order to attend physical therapy? Yes / No
2. Does my physical therapy have to be pre-authorized? Yes / No
3. Does my plan have a maximum number of visits each calendar year? Yes / No
   If yes, what is the maximum number of visits? _____
4. Does my plan have a specific maximum dollar amount each calendar year? Yes / No
   If yes, what is the maximum dollar amount? $_____
5. Is Orcas Island Physical Therapy a preferred provider? Yes / No
6. Am I responsible for a co-payment? Yes / No Or a percentage? Yes / No
   If yes, how much? $_____ If yes, how much? % _____
7. Do I have a deductible? Yes / No
   If yes, how much? $_____ How much has been met? $_____
8. Does my insurance cover orthotics, coded as L-3020 (left & right)? Yes / No
   or coded as L-3000 (both)? Yes / No

I understand that it is my responsibility to verify insurance benefits for myself, or as the patient's representative (named below), and I will provide this information to Orcas Island Physical Therapy, PLLC. I further understand that OIPT, PLLC may assist me in staying within my benefit limits, however I am financially responsible for any charges not covered by my insurance carrier.

_____
PATIENT'S NAME, PRINTED PATIENT'S SIGNATURE

_____
PATIENT'S REPRESENTATIVE, PRINTED REPRESENTATIVE'S SIGNATURE