

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

INSURANCE BENEFITS QUESTIONNAIRE

DO YOUR INSURANCE BENEFITS COVER OUTPATIENT PHYSICAL THERAPY?

- a. Contact customer service, the phone number is on the back of your insurance card.
- b. Ask the questions listed below and write the answers on this form.
- c. Return the registration and this completed form to our office.

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

Provider Name: **Orcas Island Physical Therapy, PLLC.** Tax ID# **680579585**

Insurance Company: _____ Plan name: _____

Subscriber ID#: _____ Date eligible: _____

- 1. Do I need a prescription or referral for outpatient physical therapy from ____ my primary care physician (PCP) or ____ any physician in order to attend physical therapy (PT)? YES / NO
- 2. Do I need an insurance prior-authorization for my initial evaluation? YES / NO
- 3. Do any visits need prior-authorization? (After 6 visits? After 18 visits?) YES, #_____ / NO
- 4. What are the benefit limits for PT? Deductible, coinsurance, out of pocket limit?

- 5. Do I have a copay? YES \$_____ / NO
- 6. What is the maximum number of visits allowed per calendar year? _____
- 7. Are concurrent visits, per day, allowed? YES / NO
- 8. Is there a maximum dollar amount for PT each calendar year? YES \$_____ / NO

Patient's Name, printed : _____ Date: _____

Patient's Signature: _____