pilates in the grove

Patient Insurance Worksheet

We do not participate in any insurance networks. We will, however, offer guidance on how to manage your out-of-network benefits. We suggest that prior to your first visit you contact your insurance company to confirm your coverage benefits. This form serves as a checklist to help you get all the necessary information in order to maximize your reimbursement.

Patient Name: ____________________

Primary Insurance Company: ____________________

Insurance ID#: __________ Group #: __________

Plan Type: __________ Insurance Tel#: __________

Insurance effective date: ______ ______ ______

Name of person you are speaking with: __________ D: __________

Time of Day: ______ Tracking ID for the call: __________

How much is my out-of-network deductible? ____________________

How much of my deductible has been met? ____________________

What is my co-insurance percentage? 10% 20% 30% 40% Other % ______

Does my policy require pre-certification (like ORTHONET) for physical therapy services? ☐Yes/☐No

If yes, Pre-Cert Phone #: __________ Pre-Cert Authorization #: __________

Number of sessions allowed with this Pre-Cert: __________

Expiration Date? Yes ☐/☐No ______/______/__________

How many out-of network physical therapy visits do I have? ______ Visits per yr ______

per year/per lifetime ________ per condition/per year ______

Is there a maximum amount/cap that my plan pays for out-of-network physical therapy? Yes/No $ ______

Number of PT visits used already this year: ______

Secondary Insurance: __________ Secondary Insurance ID#: __________

Secondary Insurance Tel#: ____________________

Effective date: __/__/____ Deductible: ______ Co-Insurance payment: __________

I understand that I am responsible to obtain accurate information about my insurance policy in order to maximize my benefits. I also understand that I will pay for services at the time they are rendered and it will be my responsibility to seek reimbursement. Pilates in the Grove, will provide documentation, such as evaluations and progress notes to assist you in this process.

Signature: ____________________ Date: __________

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