

Insurance Benefits Questionnaire

Name of your insurance company			
The following information was given to me by:			
(Name of Customer Service Rep)	on Date and Time		
These questions should cover most cases:			
1. Does my policy cover physical therapy?		Yes O	No O
2. Do I need a referral or prescription from my primary care provider for physical therapy?		Yes O	No C
3. Do I need pre-authorization or authorization for physical therapy? (Please note: An authorization is different from a referral. It is obtained via your physical therapist's office, not your primary care provider's office.)		Yes O	No O
4. If yes (to 3 above), after how many physical ther or authorization be requested?	rapy visits must pre-authorization		
5. Is Stephen Thompson/ In Synch PT contracted with this insurance company?		Yes 🔘	No 🔘
6. If yes (to 5 above), what is my (in network) phys	sical therapy deductible?		
7. If no (to 5 above), is Stephen Thompson / In Synch PT affiliated with this insurance company?		Yes O	No O
8. If yes (to 7 above), what is my out of network ph	nysical therapy deductible?		
9. When does my benefit year turn over?	My benefit year begins	s on	
If you intend to seek reimbursement from your download its medical claim or reimbursement fo			blease
Patient Signature			