PALOMINO
PHYSICAL THERAPY & PERFORMANCE

How Do I Use My Insurance?

Please understand that this document is intended to be used as a guide, and therefore not all information will directly apply to your insurance policy or circumstance. Please also understand that this is because all insurance policies are different and ever-changing.

Palomino Physical Therapy & Performance is considered a “Not-in-network Provider”. This means that we do not participate in insurance plans other than straight Medicare (No Medicare Advantage Plans). **MOST CAN STILL USE THEIR INSURANCE!** We advise you to first contact the 1-800 number on your insurance card to find your specific insurance policy details. Below we have outlined some key principles and common questions regarding the “*HOW-TO*” get reimbursed.

Deductibles

In most cases, a deductible has to be met prior to your insurance company reimbursing you for out-of-network services. Out of network physical therapy visits can be submitted to count toward your deductible, even if insurances are not sending you reimbursement for those services (because you haven't met your deductible yet). In other words, the money you are spending for each visit will go towards knocking your deductible down - but you may not receive payment until that deductible is completely met.

Prescriptions

Many insurance policies require a prescription from your Physician, but not in all cases. In many cases, you can be evaluated by your physical therapist, which can then be sent to your physician. As long as your physician agrees with the plan of care and signs the evaluation note, that evaluation note acts as your prescription.

If your insurance policy requires that you obtain a prescription, you may have to submit one with your claim. Your policy may also require a pre-authorization prior to receiving services, this may be obtained by calling the referral coordinator at your physician's office. The referral for pre-authorization must be dated prior to your first PT visit.

*Adapted from Dr Lauren Baker; YOUR GUIDE TO OUT OF NETWORK THERAPY. https://drlaurenbaker.com/. Jan 16, 2024

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How Many Visits Do I Get?

Most insurance policies do have a specific number of visits per year. Plans can range from 15 - 60 visits per year. Medicare uses a “threshold” of $3000 per year. In many cases you can go beyond these limits if the care is deemed medically necessary.

How Do I Know How Much I Will Be Reimbursed?

Prior to your Initial Evaluation we recommend calling the 1-800 number for customer service on your insurance card OR log into your online insurance portal to look up your physical therapy benefits. Locate your "out of network," or "non-network," benefits if you have a PPO plan. Online you may be able to download your plan costs or view "copays/cost shares." The language will be specific to your insurance; if you cannot find it online, calling is the most efficient way to determine your benefits. Reimbursement for out-of-network services typically is 20-80% depending on the insurance company.

QUESTIONS TO ANSWER

1. If you have a PPO do you have out of network benefits? YES or NO
   if you have an HMO, we recommend calling to determine if you have out of network benefits (most do not and thus would not qualify for insurance reimbursement)
2. Do you have a deductible? YES or NO
3. If you have a deductible, how much is it? _____
4. How much is already met? _____
5. What percentage of reimbursement do you have for an out of network provider? (20%, 50%, 60%, 80%, etc?) _____
6. Does your policy require a written prescription from your primary care provider? YES or NO
7. If required, have you already gotten a referral? YES or NO
8. Is there a dollar amount or number of visit limit per year for physical therapy? _____
9. What is the mailing address you should submit claims/reimbursement forms to?

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Documents Typically Needed

1. Referral/Prescription for Physical Therapy
2. Reimbursement/Claim Form
3. Superbill From Your Therapist
    a. Important information on your superbill
        i. Date of Service and Place of Service
        ii. Diagnosis Code and Procedure Codes/Units
        iii. Amount Paid
        iv. Provider's NPI number
4. Payment Records (invoices or receipts)

Conclusion

1. Confirm that your insurance plan has out of network benefits.
2. A superbill from your physical therapist and receipts to confirm services were paid for will be required when you submit for reimbursement.
3. Locate the claim form from your insurance company and the address on where to mail the documents OR use your patient portal on your insurance website.
4. Obtain a Referral/Prescription. This can be directly faxed or emailed to us
    a. Fax: 248-826-2041
    b. Email: info@palominopt.com
5. for PT, Reimbursement claim forms (located on insurance company's website), use the superbill from your therapist (emailed/on your palominopt account), and payment records (invoices from therapist showing paid balances.)
6. Follow up with your insurance company. if you have not received reimbursement to determine if additional information is needed or if services are not eligible and why
7. Reimbursement can take anywhere from 4-12 weeks and is dependent on your insurance company.

8. Remember you can use an FSA or HSA!

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