MTF SM
PHYSICAL THERAPY
A 20 Minutes to Fitness company

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 InsuranceCompany : _____

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? $ _____

Is there Individual vs. Family deductible? Yes ☐/ ☐No $_____

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. 20 Minutes to Fitness, will provide documentation, such as evaluations and progress notes to assist you in this process.

Signature: _____ Date: _____

NOTE Please Print this Filled-Form & Sign it