

KGD-PT Patient Insurance Worksheet

KGD-PT does not accept insurance, with the exception of Medicare. 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 ensure you get all the necessary information in order to maximize your physical therapy benefits. Please bring this completed form with you to your first visit.

Patient name: _____

Primary Insurance Company: _____

Insurance ID#: _____ Group #: _____ Plan type: _____

Insurance Tel#: _____ Insurance effective date: _____

Name of person you are speaking with _____ ID: _____

Time of day _____ Tracking ID for the Call: _____

1 - How much is my out-of-network deductible? \$ _____ Is there an individual vs. family deductible? Y/N \$ _____

2 - How much of my deductible has been met? _____

3 - What is my co-insurance percentage? (ie: 40%, 30%, 20%, 10%) _____

4 - Does my policy require pre-certification like ORTHONET for physical therapy services? Y / N

If yes, Pre-Cert phone #: _____ Pre-Cert authorization #: _____

of sessions allowed with this Pre-Cert: _____ Expiration Date? Y / N ____/____/_____

5 - How many out-of-network physical therapy visits do I have? _____

per year _____, per condition/per lifetime _____, per condition/per yr _____

6 - Is there a max \$ cap that my plan pays for out-of-network physical therapy? Y / N \$ _____

PT visits used already this year _____

Secondary insurance: _____ Secondary insurance ID # _____

Secondary Insurance Telephone # _____ Effective date: ____/____/_____

Deductable: \$ _____ 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. KGD-PT will provide documentation, such as progress notes and status updates. If additional information is required to obtain reimbursement or appeal a denial, KGD-PT reserves the right to charge an hourly administrative fee of \$35 per hour.

If you need help or have any questions, please don't hesitate to call us at 917.279.7469. We look forward to helping you get the results you desire.