

FREE FLOW PHYSICAL THERAPY, PLLC

Patient Insurance Worksheet

Free Flow Physical Therapy does not accept insurance. 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. Thank you.

Personal Information			
Name		Date	

PRIMARY INSURANCE COMPANY			
Primary Insurance Company			
Insurance ID#			
Group#		Plan Type	
Insurance Telephone #		Insurance effective date	/ /
Name of person you are speaking with		ID of person spoken to	
Time of day		Tracking ID for the call	
How much is your out-of-network deductible?	\$	Is there an individual vs. family deductible? Y/N	\$
How much of your deductible has been met?		What is your co-insurance percentage?	%
Does your 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	/ /
How many out-of-network physical therapy visits do I have?		Per year	
Per condition/Per lifetime		Per condition/Per year	
Is there a max \$ cap that your plan pays for out-of-network physical therapy? Y/N	\$	PT visits used already this year	

SECONDARY INSURANCE COMPANY			
Secondary Insurance Company			
Secondary Insurance ID#		Secondary Group#	
Insurance Tel#:		Insurance effective date	
Secondary Insurance out-of-network deductible?		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. Free Flow Physical Therapy, PLLC will provide documentation, such as evaluation, progress notes and re-evaluation. If additional information is required to obtain reimbursement or appeal a denial, Free Flow Physical Therapy, PLLC 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 845 323-5418. We look forward to helping you.