



The PT Patient's Guide to Understanding Insurance

Insurance 101 for PT Patients

What does my insurance company mean when they say I am covered for PT?

The fact that your insurance plan covers PT services does not mean that you do not have a financial obligation associated with your treatment. In many cases, your insurance may require you to pay a **deductible**, a **co-insurance**, and/or a **copayment**.

We would like to help you to better understand the terms of your plan, including the terminology.

What is a deductible?

- The total amount you must pay out-of-pocket before your insurance starts to pay.
- Even after you've met your deductible, you may still owe a copay or co-insurance for each visit.
- If you have questions regarding the status of your deductible, please contact your insurance company.

For example: if your deductible is \$1,000, then your insurance won't pay anything until you have paid \$1,000 for services subject to the deductible (the deductible may not apply to every service you pay for).

What is a copay?

- A fixed amount that you must pay for a covered service, as defined by your health plan.
- Copays may vary for different plans and types of services.
- Copays are due at the time of service.
- In most cases, copayments go toward your deductible.

What is a coinsurance?

This out-of-pocket payment is calculated as a % of the allowed amount for a service, it's your share of the total cost.

For example, let's say:

- Your insurance plan's allowed amount for an office visit is \$100.
- You've already met your deductible.
- You're responsible for a 20% coinsurance.

In this situation, you'd be billed \$20 and later sent a statement from our billing department. The insurance company would then pay the rest of the allowed amount for that visit. Keep in mind that the coinsurance amount may vary from visit to visit depending on what services you receive.



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What is the difference between a prescription for physical therapy and a referral?

These terms are often used interchangeably, but for our purposes they are 2 separate and different things.

Prescription:

- Is a written order for you to receive Physical Therapy given to you by your doctor.
- A prescription can come from any doctor you have seen for your condition (PCP, Ortho or a specialist.)
- The prescription must include your name, diagnosis, doctor's signature, and date.
- Many doctors will also write the number of visits they would like you to receive (frequency).
- This will most likely be given to you as a paper document.

RX = WRITTEN BY MD → PATIENT → THERAPIST/PRACTICE

Insurance Referral:

- A referral is required by some insurance plans, most often HMO plans
- A referral may only come from a Primary Care Physician.
- If a referral is required by your insurance you must contact your PCP and place a request.
- Referrals are typically processed online and you most likely will not have a paper document on hand to submit.

REFERRAL = PROCESSED BY PCP → INSURANCE CO → THERAPIST/PRACTICE

Your insurance plan/policy determines if a prescription or referral is required - not Marathon Physical Therapy. We are however contracted and required to follow all insurance guidelines. Please be sure to inquire with your insurance provider which documents and/or prior authorizations are required for your therapy to be covered.

Your insurance plan/policy also determines if you have a deductible, copay, or coinsurance and the correlating amounts of each. If you have any further questions, please don't hesitate to contact the Billing Department at 508-285-4155.