

The Integrated Feminine Determining Your Insurance Benefits for Occupational Therapy

- 1. Call the toll-free number, or member services number, located on your insurance card.
- 2. If prompted, choose the eligibility/benefits department. Once you reach a live network representative, ask her/him if you have "Out of Network Benefits Coverage."
 - *(If the answer is "No", you are not covered).
- 3. When speaking to a representative, make sure, she/he understands that you are seeing an "out of network provider" who your doctor has referred you to.

If the answer is "Yes":

- 1. Inquire about your general occupational therapy out of network benefits (occupational therapy is a **different** than physical therapy coverage).
 - a. Deductible amount and what has been applied so far?
 - b. Co-insurance amount and what has been applied so far?
 - c. Reimbursement rate by asking the following questions:
 - i. What percentage of reimbursement do I have? (60%, 80%, 90%, are all common percentages).
 - ii. What is the maximum reimbursement rate based on? (Usual and Customary Rate/UCR or Medicare Rate/MNRP) ask for percentile of each. iii. Ask when your deductible year begins. It's usually the beginning of the year, but not in every case.
- 2. Is there a limit to the number of sessions I am covered for out of network benefits?
- 4. Is a specific type of referral required for an occupational therapy evaluation?
- 5. Do you require any additional information besides a receipt (special form, etc)?
- 6. Inquire about the mailing address to send the receipt to.
- 7. Ask for hers/his name and reference number for the call to keep for your records.