



## Does My Insurance Cover My Therapy?

The Community Sports and Therapy Center realizes that navigating through your insurance can be confusing and difficult. **It is ultimately your responsibility as a patient to check your therapy benefits with your insurance company.** We have created this form to try to make it easier for you to find out your therapy benefits which can change from time to time and also so you know what questions you need to ask. Please share any information you find out with your therapy staff so they will better be able to assist you with following your insurance coverage guidelines while still getting your maximum benefit from therapy. Print this form out as necessary so you can record the information you receive from the insurance companies.

\*\*When calling, document the date called and write down the full name of the person you spoke with at that time. At the end of the call ask for a reference number for the call.\*\*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone # called: \_\_\_\_\_

Full Name of Contact: \_\_\_\_\_ Ref # of the call: \_\_\_\_\_

Questions	Please circle answer	
<b>Is Mercer Health in your network?</b> <i>If yes, then so is Community Sports and Therapy Center. If you are told "no" please have your insurance check various names such as Mercer County Community Hospital or Mercer Joint Township. <b>All billing is completed through Mercer Health located at 800 West Main St., Coldwater, OH 45828 and the hospital's tax ID number is 34-1101385.</b> You can use this tax ID number to help verify that the hospital is the provider/biller. Please note that we are a hospital-based facility, not a free-standing facility. You can also call 419-678-5151 for the hospital's business office for help with billing questions.</i>	Yes	No
<b>Is physical/occupational/speech therapy covered?</b> Are there any limitations, such as coverage for only certain diagnosis codes?	Yes	No
<b>Is there a limit on the number of visits you can have?</b> If so what is the limit .....	Yes Per year?	No Per incident/ diagnosis?
<b>Do you need precertification?</b>	Yes	No
<b>Do you need a doctor referral?</b> (Traditional Medicare this is yes)	Yes	No
<b>Do you have a deductible that must be met before insurance coverage begins?</b>	Yes	No
<b>Do you have a co-pay on each visit?</b>	Yes	No
<b>Are there any treatments that are routinely not covered?</b> <i>(These are options that may or may not be chosen by your therapist.)</i> <ul style="list-style-type: none"> <li>- Iontophoresis (Code 97033)</li> <li>- Phonophoresis/Ultrasound (97035)</li> <li>- Electrical Stimulation (97014)</li> <li>- Aquatics (97113/97150)</li> <li>- Massage (97124)</li> <li>- Manual Therapy/ASTYM (97140)</li> </ul>	Yes	No

**Please keep in mind that any payment issues are between you and your insurance company. This form is only to assist you to find out your insurance benefits. Payment is ultimately your responsibility!**