

Patient Insurance Worksheet



We accept all insurances that have in an out-of-network benefits. If you do not have insurance benefits for physical therapy, please call us at 714-997-5518 to discuss our popular payment plans and generous discount programs. We also have payment plans for patients with high deductibles.

For accurate information call the member services toll free number on your card. Make sure you speak to a human being, do not use the automated system. Please call us at 714-997-5518 after you obtain your benefits information.

Name of person you are speaking with _____ Time of day _____
Tracking ID for the call or representative ID _____

1. How much is my deductible for Physical Therapy? _____
2. How much of my deductible has been met? _____
3. What is my co-insurance percentage? (ie:40%, 30%, 20%) _____
4. Does my policy require pre-authorization for physical therapy services? Y/N
5. How many physical therapy visits do I have left for this year? _____
6. Is there a max \$ cap that my plan pays for physical therapy? Y/N
7. What is the billing address for your insurance?

I understand that I am responsible for obtaining accurate information about my insurance benefits so that Walker Physical Therapy can bill them correctly on my behalf. If the above information is inaccurate, I will be responsible for paying the balance for my visits to Walker Physical Therapy. I understand Walker Physical Therapy is not an HMO provider.

Patient Signature: _____ Date: _____

If you need help or have any questions, please don't hesitate to call us at 714-997-5518.

We look forward to helping you get the results you desire.