



Willem Verweij Physical Therapy
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Is Physical Therapy Covered by my Insurance?

This is a question we get on a daily basis and it is important for you to understand your benefits as well as you can. So here are some questions for you to ask your insurance company to make sure you are informed.

To start, when calling your insurance company let the representative know you are looking to check your physical therapy benefits in an office setting.

Is Willem Verweij Physical Therapy in network? _____

Our NPI number or National Provider Identification number is 1609072701. This will tell them if we are in network or out of network. If we are out of network, ask for your out of network benefits because most plans do have them.

What are my physical therapy benefits?

Do I have a copay? _____ **If so, what is it?** _____

Or do I have a coinsurance? _____ **What percentage is it?** _____

When it comes to a coinsurance, this means you pay a percentage of the allowable amount after your deductible has been met.

Have I met my deductible? _____ **If not how much do I have left?** _____

If you have not met your deductible and have a coinsurance you will have a higher cost per visit but that cost will be applied to your deductible and will help you to reach an out of pocket maximum.

What is my out of pocket maximum? _____ **How much has been met?** _____

Once your out of pocket has been met, most plans do not charge a co-pay.

How many physical therapy visits are allowed for the year? _____

Is there any prior authorization needed such as a PCP referral? _____

Most HMO plans require a PCP referral as authorization and we will need to have one on file.

Representative's Name: _____ **Reference Number:** _____

Please note, that if you do not verify these items with your insurance, you may receive an unexpected bill. Even though we are in-network with most major plans, there are many different types of insurance, and coverage varies greatly. By verifying your benefits you could also save yourself from overpaying at the time of service. Refunds for overpayment cannot be issued until at least 30 days from completion of your treatment, after all services have been processed with your insurance. Thank you for taking the time to verify your benefits. If you have any questions, please let us know.

** Please bring a copy of this to the front desk when you check in for your first appointment.