

Determining Your Insurance Benefits

A step-by-step worksheet for out-of-network self-reimbursement

Hands on Health provides insurance documentation (a superbill) so you can file out-of-network for self-reimbursement, and our staff is happy to help guide you through the process. Visits may also be covered through an exceptions process or paid with FSA and HSA funds.

Step 1 — Call your insurance company

Use the member services number on the back of your insurance card and ask:

- Do I have out-of-network benefits for outpatient physical therapy?
- What is my out-of-network deductible, and how much of it has been met this year?
- After my deductible, what percentage of each visit is reimbursed?
- Is there a limit on the number of physical therapy visits per year?
- Do I need a physician referral or pre-authorization for reimbursement?
- How do I submit a claim or superbill, and is there a filing deadline?

Step 2 — Attend your visits

Pay at the time of service and request your superbill — we prepare this documentation for you with everything your insurer needs.

Step 3 — Submit for reimbursement

Send your superbill to your insurance company per their claims process (most insurers accept online submission). Reimbursement is sent directly to you.

FSA & HSA

Physical therapy is a qualified medical expense — you can pay for visits with FSA or HSA funds even without out-of-network coverage.

Questions? Call us at 504-481-9688 — our staff can help you work through your benefits.