



Natural Physical Therapy  
— of East Amherst —

**Out of Network Insurance Benefits  
Outpatient Physical Therapy Claim Information**

**How to Determine Your Out-of-Network (OON) Insurance Benefits for Physical Therapy**

- Call the toll free number for customer service on the back of your insurance card.
- Select the option that will allow you to speak with a customer service provider, not an automated system.
- Ask the customer service provider to quote you on your out-of-network physical therapy benefits. (Make sure the customer service provider understands you are seeing a out of network healthcare provider that is treating you in your home or at our clinic.)
- Tell them you are not using Home Health Services, but you are being treated by an OON outpatient orthopedic physical therapist.

**What does this Out-of-Network information mean?**

- A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- If you have an office visit co-pay the insurance company will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.
- The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed; some may be less, some may be more.
- If your policy requires a prescription or referral from a physician you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.
- If your policy requires pre-authorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your physician's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.

**This reference sheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee of reimbursement to you.**

**We have also included an insurance specific guide to help you get reimbursed for your out of network PT services.**

## **Aetna**

### **How to submit a claim online**

Submitting a claim online is the most efficient method. After logging into your secure member website, follow these steps:

1. Click "Claims Center," then "Submit claims"
2. Complete your claim online
3. Copy, scan and upload your supporting documents, including itemized bills, original receipts
4. Click "submit claim" to complete the process
5. After you submit your completed claim form, you will receive an email notification to confirm that it has been submitted successfully.

**How to submit a claim by fax, email or traditional mail:** You can also submit a claim by traditional mail, email or secure fax. Mailing addresses and fax numbers are included on your form for your convenience. Don't forget to make copies of everything you mail for your own records.

After logging in to your secure member website, follow these steps:

1. Click "Forms," from the navigation menu
2. Download the form you need
3. Complete the PDF or Word document online OR download, print and complete the form by hand
4. Attach all necessary supporting documents, including itemized bills, original receipts

## **BCBS of WNY**

**How to submit a claim:** If you receive care from a non-participating doctor, you may be asked to pay for services when you receive them or you may receive a bill. Submit any bills or receipts to:

Claims Department

P.O. Box 80

Buffalo, NY 14240-0080

Be sure that your itemized receipt or bill includes the patient's name, ID number, a description of the service, date of service, diagnosis, dollar amount, doctor's name and address, and your signature.

You may also submit a claim electronically through our secure member website.

- Go to [bcbswny.com](http://bcbswny.com)
- Login using your username and password. First time? Click *Register Now*.
- Click *Manage My Account*.
- Scroll down and click *Claims Submission*.

## **Empire Plan ( MPN)**

### **How to submit a claim:**

If you need to submit a claim for non-network services, simply print the claim form, complete the necessary information and mail it to the address on the form.

<http://www.empireplanproviders.com/claimform.htm>

Faxed claims are also acceptable and may be faxed to any of the following numbers:

845-336-7989, 845-336-7747, 845-336-7716

## **Fidelis**

### **How to submit a claim:**

Provider Call Center at 1-888-FIDELIS (1-888-343-3547).

Fidelis Care claims can be submitted in several different ways. Below is a list of claim submission options to consider:

- Clearinghouse Submission
- Billing Service Submission
- Claims Online Portal -- Free! (Direct data entry option available via Ability Network.)
- Paper Submission

## **Independent Health ( IHA)**

### **How to submit a claim:**

For medical claims, mail completed form together with all itemized bills to Independent Health Claims Department, P.O. Box 9066, Buffalo, NY 14231

Form can be found at:

<https://www.independenthealth.com/Portals/o/PDFs/Individuals/IndependentHealthGeneralClaimForm.pdf>

## **MVP Health Care**

### **How to submit a claim:**

For members who paid out of pocket and are requesting reimbursement for medical services, please attach itemized receipts from medical providers with proof of payment.

Claim form can be found at:

**[https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/MVP\\_Health\\_Care\\_Medical\\_Claim\\_Reimbursement\\_Form.pdf](https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/MVP_Health_Care_Medical_Claim_Reimbursement_Form.pdf)**

## **POMCO**

For members who paid out of pocket and are requesting reimbursement for medical services, please attach itemized receipts from medical providers with proof of payment.

Claim form can be found at:

<http://www.ongov.net/ebenefits/documents/POMCOHealthBenefitClaimForm.pdf>

## **Tricare**

### **How to submit a claim:**

For care received in the **U.S. or U.S. Territories:**

- If using TRICARE For Life, send your claim to the TRICARE For Life contractor
- For all other plans, send your claims to the claims address for the East Region: Humana Military 1-800-444-5445
- [www.tricare-east.com](http://www.tricare-east.com)
- ATTN: New Claims PO Box 7981 Madison, WI 53707-7981

## **United Health Care ( UHC)**

### **How to submit a claim:**

This form is for out-of-network claims ONLY, to ask for payment for eligible health care you have received.

To ensure faster processing of your claim, be sure to do the following: If you write on the form, use black or blue ink and print clearly and legibly. You can also use your computer to complete this form and then print it out to mail or fax it to us.

You can find the form at:

[https://www.myuhc.com/content/myuhc/Member/Assets/Pdfs/Medical\\_Claim\\_Form\\_Non\\_Digital.pdf](https://www.myuhc.com/content/myuhc/Member/Assets/Pdfs/Medical_Claim_Form_Non_Digital.pdf)

## **Univera Healthcare**

### **How to submit a claim:**

For Medical, Dental, Vision, or Hospital Care

- Provider's name and address
- Date(s) of service for each service provided
- Description of the type of service(s) rendered
- Where the services were rendered
- Diagnosis code
- Charge for each service rendered = receipt
- Send to Us Electronically link under [Submit a Claim](#). Or print a claim form