PHYSICAL THERAPY &
FELDENKRAIS®
NYC

(212) 727-2225
134 West 26th St, 2nd Floor
New York, NY 10001
BetterMovement.com

Insurance Benefit Worksheet

Patient Information

Patient Name: ______________________________

Date Of Birth: ______________________________

Insurance Provider: ______________________________

Insurance Member ID #: ______________________________

Insurance Provider #: ______________________________

NPI: 1104095660

Ask For:
Out Patient
Out of Network Physical Therapy Benefits

Benefits Confirmation

Effective Date? ______________________________

Deductible Amount? ______________________________

Deductible Accumulation? ______________________________

Out of Pocket Max Amount? ______________________________

Out of Pocket Max Accumulation? ______________________________

Reimbursement Amount (30%, 20%, 10%)? ______________________________

Amount Per CPT Code – 97110 at $68.00? ______________________________

Amount Per CPT Code – 97112 at $81.00? ______________________________

Amount Per CPT Code – 97530 at $101.00? ______________________________

Visit Limit? ______________________________

Visits Used? ______________________________

Pre-Authorization Required? ______________________________

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Other Notes: ______________________________

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