



Great Falls Physical Therapy

Out-of-Network Reimbursement

As a patient, it's important to understand your financial responsibility. This includes the deductible, co-insurance, and any difference between the billed and allowed amount. Being aware of these details will help you prepare for any potential costs.

How to determine your exact reimbursement rate:

1. Contact Member Services
2. Confirm MAC Locality #1220201 (DC + MD/VA SUBURBS—not Virginia)
3. Request the Allowable Amount for each CPT Code
 - 97161: Evaluation = \$
 - 97110: Therapeutic = \$
 - 97112: Neuromuscular = \$
 - 97140: Manual = \$
4. Before ending your call, please ask for a call reference # _____
 - *The call reference will aid your appeal if your claim is processed differently than the numbers above.*

TERMINOLOGY GUIDELINES:

Billed Amount: Price the provider charges for services

Deductible: A specific amount of money you must pay before insurance will pay for a claim

Co-insurance: Percentage of the cost of a covered health care service you pay after the deductible is met

**** Co-insurance is calculated using the Allowable Amount, not the billed amount**

Allowable Amount: Maximum price insurance will pay for a covered health care service

CPT Code: Current procedural terminology