

Insurance Suggestions – Patients with Pain

WE DO NOT PARTICIPATE WITH YOUR INSURER THIS PACKAGE MAY HELP YOU REGARDING INSURANCE

There are two possible tracks you can take regarding your insurance. Choose the one that suits you best:

If you have a high deductible, simply pay Clear Passage and file your payment with your insurer. Payments you've made should reduce your annual out-of-network deductible.

If you want to file for insurance reimbursement, insurance pre-authorization and/or physician referral may be required before therapy. We suggest the following steps, in this order:

- a) Visit your gatekeeper or primary care physician for referral and authorization for "adhesion removal physical therapy"
 - b) Print, then show your doctor these studies and supporting documents that show the effectiveness of our therapy
 - c) Your doctor should sign our referral sheet, and hand it to you
 - d) Ask your doctor to
 - copy the attached "physician letter" onto his/her letterhead, sign it, and hand it back you, or write his/her own letter,
 - s/he should note that your treatment is "medically necessary" to save your life, relieve you of debilitating pain, or help you avoid a surgery.
3. Consult an in-network physical therapist; have them sign the attached letter stating that they do not provide "adhesion removal therapy." Therapist can either
- 1) sign the letter below for you, or
 - 2) copy in onto their letterhead, sign and return it to you.
4. Copy everything. Submit the package to your insurer.

Physician: _____

NPI #: _____

Patient name: _____

Insurer: _____

This note was handed to patient on this date: _____

To Insurer:

The patient named above suffers significant pain, likely due to adhesions. To avoid the risks and significant costs of surgery, I have referred this patient for "adhesion removal physical therapy." This therapy is medically necessary to relieve the pain, and to avoid future surgeries.

To my knowledge, no physical therapy group in our network provides this therapy. Thus, I am referring this patient to Clear Passage Physical Therapy. Their therapy has been shown in peer-reviewed journals to relieve adhesion related pain non-surgically. Because my patient may have to travel to another city receive therapy, please authorize them to receive intensive therapy – several hours of therapy a day.

I expect this therapy will help this patient avoid surgery, save you money, save them great hardship, and hopefully return their quality of life.

Sincerely,

Physical Therapist: _____

Patient name: _____

Insurer: _____

This note was handed to patient on this date: _____

To Insurer:

Our physical therapy group does not provide "adhesion removal physical therapy."
We have directed the patient named above to seek another facility.

Sincerely,