

Maximizing Your Insurance Benefits

A simple guide to help you access the care and support you deserve.

Navigating insurance coverage of a neurological injury or illness can be overwhelming. Many individuals are unaware of benefits that may help cover rehabilitation or equipment.

Before using foundation funding, we encourage you to take a few simple steps to understand what may already be available to you.

This helps ensure support can go as far as possible — **for you and for others.**



1. Understand Your Coverage

- What rehabilitation services are covered under my plan?
- Do I have **out-of-network** benefits?
- How many therapy visits are allowed per year?
- What are my deductible, copay, and out-of-pocket maximum dollar amounts?



2. Ask About Exceptions or Extensions

Even if you've hit limits, ask:

- Can I request additional visits based on medical necessity?
- Is there a process for a coverage exception or appeal?
- What documentation would be needed from my provider?



3. Explore Out-of-Network Options

Some plans provide partial reimbursement:

- What percentage is reimbursed for out-of-network care?
- What paperwork is required for reimbursement?
- Are there specific forms I should submit?



4. Confirm Equipment Coverage

- What rehabilitation services are covered under my plan?
- Do I have **out-of-network** benefits?
- How many therapy visits are allowed per year?
- What are my deductible, copay, and out-of-pocket maximum dollar amounts?



We're Here to Help

We understand this process can be confusing and time-consuming. If you have questions or need guidance on what to ask, we're happy to help point you in the right direction.

Our goal is to work alongside you — ensuring you can access every resource available to support your recovery.



Where determination meets possibility.

My Insurance Benefits Worksheet

Use this guide to understand and maximize your coverage.

My Insurance Information

Insurance Company: _____
Member ID: _____
Group Number: _____

Member Services Phone: _____
Member ID: _____
Date(s) Contacted: _____



Coverage Overview

- What rehabilitation services are covered?

- Number of therapy visits allowed per year:

- How can I appeal for more sessions?

- Visits used so far:



Costs

- Deductible: _____
- Co-pay per visit: _____
- Out-of-pocket max: _____
- Co-pay per visit: _____



Out-of-Network Details

- Do I have out-of-network benefits?

- If yes, what % is covered?

- What deductible(s) do I have to meet?

- Is there a limit on out-of-network benefits?

- What is the submission process?



Equipment Coverage

- Is _____ equipment covered?

- Is prior authorization required?

- What documentation is needed?

- _____

- _____



Notes/Follow-Up

- _____
- _____
- _____
- _____



Need Help?

We're happy to provide guidance on questions to ask or next steps to consider. You're not alone in navigating this process.

info@RiseThroughResilience.com

I have reviewed my insurance benefits and understand my coverage for the requested services, including any limitations or out-of-network options to the best of my ability.



Where determination meets possibility.