



## Reimbursement Process

Completing the required reimbursement paperwork can be overwhelming to anyone. Our knowledgeable administrators are here to help guide you through the process so you can receive the appropriate benefits. The following outline describes the general process that will occur once you decide to receive your care at Next Step. Please note that these steps may vary slightly depending on your insurance coverage:

**INSURANCE INFORMATION:** You will be asked to provide your insurance card(s) for us to copy for our records.

**PRESCRIPTION:** By law, we cannot provide care without orders from a doctor or other qualified healthcare professional. For this reason, a written prescription must be obtained. For your convenience, we have a form available for you to sign, which gives us permission to request the prescription on your behalf. We cannot begin work until we receive this prescription.

**VERIFICATION OF BENEFITS:** Your practitioner will provide our administrators with your plan of care, including a list of the procedures and charges. The administrator will contact your insurance to verify your benefits and coverage.

*The benefit information your insurance company provides to us is NOT a guarantee of payment. As diligent as we are in attempting to secure accurate information on your behalf we can only relay what we are told by your insurance carrier. We strongly recommend that you contact your insurance company's Member Services to clarify any financial concerns you may have (use the number listed on your ID card).*

**OUT-OF-POCKET EXPENSE:** If there is an out-of-pocket expense for which you are responsible, such as a deductible, co-insurance or for a non-covered item, the administrator will contact you by phone. Because each item is custom made, 50% of the out-of-pocket expense will be due before fabrication begins. The remaining balance is due at the time of delivery. Custom orthotic and prosthetic care can be expensive. Options such as Care Credit, personal credit cards, Vocational Rehab and secondary pay sources may be available. Ask our administrator for more information if you are interested in discussing these options. If there is no out-of-pocket expense based on the information we receive from your insurance, you will not receive a phone call. An invoice will be mailed to you whether or not you have an out-of-pocket expense.

**PRE-AUTHORIZATIONS:** Our administrators will complete the above process as quickly as possible. In the event your insurance requires any sort of preauthorization, you will be kept informed of the situation. Please remember that the need for preauthorization may result in a delay in delivery of care.

We are always available to answer any questions or address your concerns. You are important to us and our goal is to make this process as simple as possible while remaining in compliance with insurance rules and regulations. This is a challenge in today's ever-changing health insurance industry but please be assured we are doing everything we can to advocate for you to receive the service you need.

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