

HEALTH INSURANCE BENEFITS WORKSHEET

You are responsible for finding out what your health insurance benefits are and keeping track of what your financial responsibility will be for you therapy. **Suburban Pediatric Therapies** will file insurance claims for the services you receive, but you are responsible for verifying that your health insurance carrier will cover those services you receive from **Suburban Pediatric Therapies**.

QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:

Your Primary Insurance is: _____

Member #: _____ Group #: _____

Member Services Phone #: _____

Date you called: _____ Who you spoke to: _____

1. Verify with your insurance company if there would be coverage for the services your child needs:
Speech _____
OT _____
PT _____
2. If there is coverage, are there any exclusions? _____
3. Are there habilitative benefits? _____
4. Do I have a co-payment or is there a percentage of the bill I will be responsible for? _____
5. Does my plan require a deductible be paid for the calendar year before the coverage begins? _____
What is the dollar amount? _____
6. Does my child have an out of pocket maximum that I pay per calendar year?
Yes/No What is the dollar amount? _____
7. Does my insurance plan cover only a limited number of sessions for each calendar year? _____ How many? _____
8. Is there a requirement that I get a prior authorization and/or a referral/order from my physician before I see a clinician? Yes/No if yes, who do I contact? _____
_____ Contact's phone: _____

I have verified the above information and understand that I am responsible for any charges the insurance does not cover. Please sign below and return this form along with your completed paperwork. Failure to complete and return this form at the time of evaluation may result in a delay in your appointment. Thank you for your cooperation.

Patient: _____

Parent/Guardian Signature: _____

Date: _____