Children's Therapy Center, Inc.

Health Insurance Benefits Email Worksheet

When you obtain the services of ***Children's Therapy Center, Inc***. you are responsible for finding out what your health insurance benefits are and keeping track of what your financial responsibility will be. We 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 us. You may complete this form on your computer & email to: info@childrenstherapyctr.com

Primary Ins:_____ **Member Services Phone #:**_____

ID#:_____ **Group #:**_____

Secondary: Ins:_____ **ID #:**_____

Questions To Ask Your Insurance Carrier Before Your Appointment:

Date you Called: _____ Who you spoke to: _____

1. Verify with your insurance company if there would be coverage for the therapy services your child needs: **Speech** _____ **Occupational** _____ **Physical** _____
   If there is coverage, is there any exclusion? _____
   Is there habilitative benefits? _____

2. Do I have a co-payment or is there a percentage of the bill I will be responsible for?
   _____

3. Does my plan require a deductible be paid for the calendar year before the coverage begins?
   Check One: No ○ Yes ○ If yes, the dollar amount? _____

4. Does my child have an out of pocket maximum that I pay per calendar year?
   _____

5. Does my insurance plan cover only a limited number of sessions for each calendar year?
   _____

6. Is there a requirement that I get a prior authorization and/or a referral before I see a clinician?
   Check One: No ○ Yes ○ If yes, who do I contact?
   _____ Ph #:_____

I have verified the above information and understand that I am responsible for any charges that the insurance does not cover**.** Please sign below and return this form along with a copy of your insurance card and your completed paperwork**.** *Failure to complete and return this form may result in a delay in scheduling an appointment*. By entering your complete name and emailing this form it will be considered signed by you. You may be asked to sign the form in person on your first visit. Thank you for your cooperation.

Child Name: _____ **Date:** _____

Parent/Guardian's Signature: _____

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