Children's Therapy Center, Inc.
childrenstherapyctr.com

Eagan, MN
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(p) 952-997-2823
(f) 952-997-6931

Health Insurance Benefits 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.

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 services your child needs:
    Speech _____ **OT** _____ **PT** _____
    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? Circle One: Yes or No   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?
    Yes_____   No_____
    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*. Thank you for your cooperation.

Child Name: _____ Date: _____

Parent/Guardian's Signature: _____