

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 your therapy. Kid Talk Inc. 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 Kid Talk Inc.

QUESTIONS TO ASK YOUR INSURANCE CARRIER **BEFORE** YOUR APPOINTMENT:

Your Primary Insurance is: _____ Secondary Insurance (if any) _____
Member #: _____ Group #: _____ Effective date of Ins: _____
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 _____

2. If there is coverage are there any exclusions? _____

3. Does your Insurance cover for developmental delay? _____

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 if yes what is the dollar amount? _____

7. Does my insurance plan cover only a limited number of sessions for each calendar year? _____ If yes, how many? _____ and are visits combined with other therapies? _____

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, please list contact name and phone number: _____

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 your completed paperwork and save a copy for your own reference.** 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: _____