

Use This Form to Verify Eligibility and Benefits

This form can be used to check benefits for providers that are in-network or out-of-network, but you must inform the representative if you are checking out-of-network benefits.

Call the number on the back of your insurance card.

Have this information ready before you call:

Patient Name:	Date of Birth:
Insurance Phone #:	
Primary Plan Holder:	Relationship to Patient:
Participant ID:	Group #:
Medical Diagnosis:	
Verifying Eligibility for:	
<input type="checkbox"/> Speech Therapy Evaluation	<input type="checkbox"/> Occupational Therapy Evaluation
<input type="checkbox"/> Speech Therapy Treatment	<input type="checkbox"/> Occupational Therapy Treatment
	<input type="checkbox"/> Physical Therapy Evaluation
	<input type="checkbox"/> Physical Therapy Treatment

Questions to Ask:

Do I have a Copay? <i>Fixed rate <u>per session</u> that patient is responsible for paying</i>	\$ _____
Do I have Coinsurance? <i>The percentage of the allowed amount of a covered service patient pays AFTER meeting the deductible <u>each session</u>.</i>	% _____
Do I have a Deductible? <i>The amount paid out of pocket by the patient before an insurance provider will pay any expenses</i>	Individual: \$ _____ Family: \$ _____
Is there a Max Out of Pocket? <i>The most the patient has to pay for <u>covered</u> services in a plan year</i>	Individual: \$ _____ Family: \$ _____
Is there an Allowed Amount aka Allowance or Fee Schedule for: <i>The max amount a plan pays for a covered service</i>	Evaluation: \$ _____ Treatment: \$ _____
Do I need Preauthorization or Referral for:	Evaluation? Treatment?
Is a Prescription Required?	
Is there a Maximum Session Limit? If so, does the limit include only one type of therapy or is it combined? (ST, OT, PT)	
Are there other coverage limitation or documentation requirements to be aware of?	
Date Verified:	Reference #:

For In-Network Providers:

You will pay 100% of billed amounts until you reach your deductible for the year. Then you will pay your copay and/or coinsurance every session until you meet your max out-of-pocket (aka catastrophic cap).

For Out-of-Network Providers:

You will pay 100% of the billed amount and then submit a superbill to your insurance for reimbursement of a given percentage of the allowed amount (aka fee schedule) IF they reimburse for out-of-network providers.