



Insurance Benefits Verification Form

What to Ask Your Insurance Company

Disclaimer: *The following are general questions a patient can ask their insurance company when inquiring about medical benefits. Yours or your child's diagnosis or treatment may require more detailed questions.*

Before You Call:

1. Have pen & paper ready so you can document the conversation. Remember to write down who you talked with, and the date and time of the conversation.
2. Locate your insurance company number which, is usually on back of the insurance card.
3. Know your insurance policy number.
4. Know what type of service you or your child will be receiving from BPHT.
 - a. Occupational Therapy (OT)
 - b. Physical Therapy (PT)
 - c. Speech Therapy (SLP)
 - d. Hand Therapy
5. Know what diagnosis or issue you or your child needs to be treated for.
6. Each type of therapy has a procedure code, know yours (these are treatment codes and NOT *evaluation codes*; which have separate codes).
 - a. Occupational Therapy – 97530
 - b. Physical Therapy – 97530
 - c. Speech Therapy – 92507(individual) or 92508(group)
 - d. Hand Therapy – 97110 or 97140
7. Remember to document who you talk with, the date you called, and the time you called.

Questions for Your Insurance Representative:

1. What are my benefits for outpatient rehab for state your needed service (OT/PT/SLP/Hand Therapy)?
2. Do I have neuro-benefits? Important Note: For a child under 7 years old, your neuro-benefits may be different from your outpatient benefits.



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3. Are there any special exclusions on my insurance plan? Important Note: Certain diagnosis' are not covered!
4. What is my (\$) dollar or visit maximum?
 - a. i.e. Your insurance might cover up to \$1500 a year OR 25 visits a year.
5. What is my coverage rate?
 - a. i.e. Insurance covers 80% of treatment, which means you pay 20%. However, each plan is different and they might only cover 60% or 40% of treatment costs.
6. How much is my co-pay?
7. What is my deductible? How much is it?
8. Have I met my deductible?
9. Does my plan require a doctor referral? Important Note: EPO and other select plans require a doctor referral in order for insurance to cover treatment cost.

Good to Know

Insurance companies state that,

“All benefits are not a guarantee of payment; all claims are subject to review and must meet the medical criteria of their plan.”

Remember to write down the insurance representative's name, and the date and time of your conversation. This is important to do in case there are any future problems.

On the following page is the fill-in-the-blanks insurance benefit verification form.



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Name of Primary Insurance Carrier: _____

Name of Subscriber: _____

MY BENEFITS:

Please check to make sure that your treatments will be covered by your insurance plan by answering the following questions.

I/My child would like to receive Occupational/ Speech/ Physical Therapy. (Circle all that apply)

My insurance plan covers the treatment or combination of treatments circled above. Yes__ No__

The specific condition for which I/My child would like to be treated for is covered. Yes__ No__

Does your insurance plan require a physician referral? Yes__ No__

Do you need Pre-Authorization before treatment? Yes__ No__

Check one box below and complete the blank space:

Have a limit of \$_____ OR # of visits _____
(Specify # of visits)

Do not have a dollar or visit limit.

My benefits are covered yearly from _____ through _____
(MM-DD-YY) (MM-DD-YY)

My deductible is: \$_____ This benefit is subject to my deductible Yes__ No__

My co-payment for each visit is: \$_____



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MY INSURANCE IS:

- Contracted with the provider/providers office: Kimberly Alquist of Bothell Pediatric and Hand Therapy
- Insurance is not contracted.

I spoke with _____ of my insurance carrier on _____. Their contact number is _____ (IF AVAILABLE).

Remember to write down the insurance representative's name, and the date and time of your conversation. This is important to do in case there are any future problems. Please note that all benefits are not a guarantee of payment; all claims are subject to review and must meet the medical criteria of their plan.

We at Bothell Pediatric and Hand Therapy hope this information helped you to better understand your insurance plan, and the information was beneficial for you. The information that you obtained will serve to improve our understanding of your coverage and assist us in submitting claims and proper reimbursement.

If you tried calling your insurance company but continue to have problems obtaining necessary information, you can contact the billing office at BPHT. By phone 425-481-1933 or by e-mail at Billing@BPandHT.com. Thank you.