INSURANCE BENEFIT CHECK FORM

Patient's Name: _____ Check Date: _____

Date of Birth: _____

Insurance Information

Primary Insurance: _____

Policy Holder Name: _____

Member ID: _____

Group Number: _____

Questions for Your Insurance Company

DEDUCTIBLES: what you pay each year before you receive coverage

How much is your family in network deductible?	$_____
How much has been met to date?	$_____
How much is my (my child's) in network deductible?	$_____
How much has been met to date?	$_____
How much is your family out of network deductible?	$_____
How much has been met to date?	$_____
How much is my (my child's) out of network deductible?	$_____
How much has been met to date?	$_____

MAXIMUM OUT OF POCKET: when your insurance will pay 100% of your treatment costs

How much is my maximum out of pocket?	$_____
How much has been met to date?	$_____

Visits: the number of sessions

How many mental health counseling visits are available?	#_____
How many occupational therapy visits are available?	#_____
How many speech treatment visits are available?	#_____
Do treatment visits include evaluation visits?	**YES / NO**
Are occupational therapy visits shared with other therapies?	YES / NO
If so, which ones?	OT / PT / Others
Are speech therapy visits shared with other therapies?	YES / NO
If so, which ones?	OT / PT / Others

COPAYMENTS or COINSURANCE

How much is my co-pay or coinsurance per visit? **$**_____

REQUIREMENTS

Do I or my child need a doctor's referral? YES / NO

Do I or my child need a prior authorization? YES / NO

COVERAGE DETAILS

Does my policy cover mental health services? YES / NO

Does my policy cover occupational therapy for…

- Rehab or loss of skills? YES / NO
- Developmental delay? YES / NO
- Autism spectrum? YES / NO
- Specific ages? _____
- Specific conditions? _____

_____

Does my policy cover speech-language pathology for…

- Rehab or loss of skills? YES / NO
- Developmental delay? YES / NO
- Autism spectrum? YES / NO
- Specific ages? _____
- Specific conditions? _____

_____

Insurance companies always indicate that stated benefits are never a guarantee of payment. That said, if your insurance company denies payment for services that were quoted to you as covered using the questions above, please contact your insurance company directly.