



CSTC Therapies

Health Insurance Benefits Worksheet

When you obtain the services of CSTC you are responsible for finding out what your health insurance benefits are, filing your claims (if you are out of network) and verifying that your health insurance carrier will cover those services you receive from us. You are responsible for payment for all services provided.

QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:

Your Primary Insurance is: _____ Secondary: _____
Member #: _____ Plan (PPO/HMO): _____
Member Services Phone #: _____
Date you Called: _____ who you spoke to: _____

1. Verify with your insurance company that you have coverage for the services your child needs: Speech (CPT 92507), Occupational (CPT 97530) or Physical (CPT 97530) Therapies _____
2. If there is coverage are there any exclusions? (Only for 'Medically Necessary' services or restrictions on 'Developmental or Habilitative' services) _____
3. 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? _____
Phone#: _____
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?

7. Does my insurance plan cover only a limited number of sessions for each calendar year?

I have verified the above information and understand that I am responsible for payment of all charges as invoiced.

Please sign below and return this form along with your completed paperwork.

Patient: _____
Parent/Guardian Signature: _____
Date: _____