



Guide to Checking Insurance Benefits

We encourage all families to explore their therapy benefits. A quick call to your insurance can help you plan your child's care and avoid any surprise bills. Here's how:

1. Call the Customer Service number on the back of your insurance card.
2. Ask the following **bolded** questions to obtain your benefits for Occupational Therapy, Physical Therapy and/or Speech Therapy (Sometimes these services are called Outpatient Rehabilitation.)

Does my plan require a physician's referral for Occupational/Speech/Physical Therapy services?

- Yes
- No

What is the individual deductible for my child?

Total: \$ _____ Met: \$ _____

Does the deductible apply for Occupational/Speech/Physical Therapy services?

- Yes
- No

What is the out of pocket maximum (OOP)?

Total: \$ _____ Met: \$ _____

Once the deductible is met, do I have a copay or coinsurance?

- Copay Amount: \$ _____
- Coinsurance percentage: _____%

Is there a max benefit limit?

- Yes, _____ visits/dollars per year and _____ visits/dollars are remaining.
- No

Can more visits be authorized after the max benefit limit is met?

- Yes
- No

When does the plan reset?

- Calendar Year
- Plan Year ____/____/____

Does my plan require prior authorization for my child’s therapy discipline (Speech, Occupational Therapy, Physical Therapy)?

If the answer is yes, CTD will submit the authorization on your behalf. Please be aware that authorizations may impact the scheduling process.

- Yes (Which discipline(s)? _____)
- No

Don’t hesitate to ask your insurance provider any questions for better clarification regarding your coverage. They are the best equipped to answer questions specific to your plan.

Definitions

Allowed Amount: Dollar amount at which the insurance company values each service billed.

Contractual Adjustment: The difference between the allowed amount and the billed amount that is not considered payable by the insurance.

Deductible: Dollar amount that the patient must pay out of pocket before insurance will pay any part of claims. The billed amount, or the allowed amount set by the insurance will be applied per visit until the deductible is satisfied.

Out of Pocket Maximum: Dollar amount that the patient must pay before insurance covers claims at 100% and the patient no longer has financial responsibility for the year.

Coinsurance: Percentage of billed amount (usually minus your insurance’s contractual adjustments) that will be billed to patient responsibility.

Copay: Flat dollar amount that must be paid at the time of service. Your insurance will then process the billed amount minus the copay and contractual adjustments.

Benefit Maximum: The maximum number of visits or billed dollar amount that the insurance will consider for payment each plan year. Some plans allow additional visits to be covered beyond the benefit max with an authorization in place.

Authorization: An approval granted by an insurance company that is necessary to cover certain services, medications, and medical equipment. Decisions are based on medical necessity.

Medical Necessity: Medical services provided by a licensed provider that are considered necessary to treat an illness or condition, and conform to generally accepted standards of medical care, are not being performed for convenience, maintenance, cosmetic or experimental purposes. Services must be considered reasonable in terms of type, frequency, site and duration.