made2move:therapy4kids

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Health Insurance Benefits Worksheet

made2move: therapy4kids will file insurance claims for the service(s) you receive. You are responsible for knowing what your benefits are, for keeping track of your financial responsibility and for verifying that your health insurance carrier will cover services you receive from us.

Name: _____ **DOB:** _____
Parent: _____ Phone: _____

Primary insurance: _____ ID #: _____ Group#: _____
Member services phone: _____ Address: _____
Policy holder: _____ _____
Secondary insurance: _____ ID #:_____ Group #: _____

Before your first appointment – Questions to ask your insurance carrier
Date called: _____ Person with whom you spoke: _____

- Verify coverage for the therapy services your child needs
  ☐ Occupational therapy ☐ Physical Therapy ☐ Speech therapy
  Are there any exclusions? _____
- Is there a co-pay? _____ or a percentage of the bill? _____
- Does plan require a deductible be met before coverage begins?
  ☐ Yes: amount _____ ☐ No
- Has deductible been met? ☐ Yes ☐ No Date met: _____
- Is there an out of pocket maximum per calendar year? ☐ Yes ☐ No
  Amount $_____ Has this amount been met ☐ Yes ☐ No
- Does the plan limit number of therapy sessions per year? ☐ Yes ☐ No
  Limit #: _____
- Is prior authorization required? ☐ Yes ☐ No
- Is medical referral required? ☐ Yes ☐ No

I have verified the above information and understand that I am responsible for any charges not covered by insurance. Failure to provide complete/accurate information may result in scheduling delay.

Parent signature: _____ Date: _____

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