

[Therapy Practice Logo Here]

For Our Families

About our INSURANCE PARTNERSHIP

You are our partner in your child's therapy. This includes joining us in understanding your child's therapy insurance benefits. It can be confusing— even for those who have used insurance policies many times- but we are here to help. Please go over this very important information and call us with any questions!

For our part at _____, we have a high level of skill in therapy coding and billing. However, as our partner in this process, it is your responsibility to understand your benefits. At times, our practice may receive inaccurate information when verifying your benefits, so it is important that you *also* call the number on the back of your insurance card and give them the therapy CPT code that we can provide to you.

Deductible

First, ask about your deductible. This is an amount of money that your family may have to pay for services *before the insurance will contribute to your therapy costs*. Most insurance policies have a **deductible**. If we believe that your services will be applied to the “deductible” amount still unmet by your family, you will be asked to pay at the time of service until such time your deductible is met.

Parents: Call your insurance and ask “Do I have a deductible to meet for my child's (Speech/OT/PT) therapy? How much of my deductible do I still have to meet for my child's therapy? After I pay the deductible, is there an additional co-insurance or co-pay?”

Co-Insurance and Co-pay – Know the difference.

Co-insurance is a % of the total contracted rate that you must pay. For example, if your co-insurance is 10%, then the insurance company would pay 90% of the rate for each visit.

Co-Pay is a specific amount that you pay for each date of service. For example, your policy may require a \$30 “co-pay” per visit, and insurance will pay the rest.

Parents: Ask your insurance company what your share of each therapy visit will be once you have met any required deductible. If it is a co-insurance %, what is the contracted rate for that therapy?

Covered Benefit – This is important to know

A **covered benefit** simply means that it is eligible to be paid. It is *not* guaranteed. If you are told that your child's therapy code is a “covered benefit” and that there are no “exclusions” in the policy, then it is likely – but not guaranteed – to be covered.

Parents: Ask 2 questions: 1. Is this therapy code a “covered benefit”? 2. If yes, also ask if there are ANY exclusions. Examples of exclusions could be “We only cover therapy if it is to restore function after an accident”, or “We don't cover xxxxxx”.

Maximum Number of Visits

Your policy may have a “Max Limit” on annual therapy visits if it is a covered benefit. (Example: 50 visits per year, unlimited, etc.). Also, it is critical that you keep track of the number of visits you have used – as our practice does not have visibility to therapy that you may have elsewhere.

Parents: Ask if there is a maximum number of therapy visits per year that are allowed. Does this maximum number *combine* Speech/OT and PT?

Not Covered

If you are told that the therapy is NOT covered, call us right away and we can discuss your most economical options and any available discounts.

Pre-Authorization

Some insurance companies require that our practice receive a **pre-authorization** for therapy. This means that they will require us to contact them with information – and they will then decide if it is **authorized**.

When the service is “**authorized**”, our practice will receive confirmation from your insurance company that it is covered – and how many visits are authorized. When the allowed visits are all used, then therapy must be re-authorized or paid for by the family. We are partners in tracking these visits, but the family is ultimately responsible for making sure that the authorization does not lapse. Let’s work together to lessen the chance that you will be responsible for the costs!

Parents: If a pre-authorization is required, please work with us to get the proper Rx, with the billing codes that we have determined. We will take it from there. Also, join us in calling your insurance company after several business days to check the status of the pre-authorization. Then our great journey together to help your child can begin!

Let’s make this easy!
See our parent insurance checklist form.

This customizable template courtesy of
Beeline Billing.
Please see our website for additional complimentary tools to help you
manage your practice so it doesn’t manage you.

BeelineBilling.com

