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Insurance Verification Form - OT & SLP

The following form (page 2) must be completed and emailed to info@arborautismcenters.com before services can be provided. Though this may take some time, calling the insurance company to verify what services are covered for Autism Spectrum Disorder will guide the next steps for your child (and help prevent unnecessary evaluations or testing). Insurance plans vary a lot, even within the same insurance company, and it is not uncommon to speak with an insurance representative who mistakenly gives you incorrect information. If you are a parent new to negotiating your benefits and understanding what is covered, this misinformation could keep you from getting the services your child qualifies for. These suggestions will help you best direct the call representative to the autism portion of your plan and document the call.

First, have the following page ready to copy down your information, then call the number on the insurance card and. Tell them that your child has an autism diagnosis, and you would like to know, **"Is there a limit to speech therapy/occupational therapy/physical therapy sessions if my child has an autism diagnosis?"** Tell them you are aware that these services have a different level of coverage when a child has an autism diagnosis and that you would like them to first check what is covered under the autism section of your plan. For some plans, this may be found under Behavioral Health.

After the representative answers your questions, repeat the answer back for clarification. For example, "So with an autism diagnosis, there is no limit to speech therapy visits, correct?" Write down this information on the following page and repeat again what you have written down. After confirming all the needed information, ask for the reference number of your call. This will ensure that you and the insurance company representative have a record of your conversation. If you run into problems with billing, the call reference number can be very helpful.

As of 01/01/2023

OT & SLP Insurance Verification Form

PATIENT NAME: _____

Prior to your initial therapy visit, you will need to contact your insurance provider to verify coverage for services, complete this form, and email it to info@arborautismcenters.com. Therapy sessions can be billed at costs over $300 per session and you may be responsible for up to that amount until your deductible is met. It is important that you are aware of any potential costs you may incur.

Please be aware that it is also the responsibility of the patient's parent/guardian to inform Arbor Autism Centers via the patient portal of future changes in insurance providers/benefits. Failure to update insurance coverage information may result in denial of services.

All patients will be responsible for charges that are not covered by insurance.

Date and time of call: _____

Name of the insurance representative with whom you spoke: _____

The representative will ask for the following information:

Diagnosis code(s): □ F84.0 Autism

□ R63.3 Feeding difficulties □ R62.51 Failure to thrive

□ R63.31 Pediatric feeding disorder-acute □ R63.32 Pediatric feeding disorder-chronic

Procedure code(s): □ 92507 Speech therapy □ 92508 Speech group therapy

□ 97530 OT therapy □ 97535 OT Daily Living Activities □ 97110 OT Exercises

Is an e-referral from the PCP required? Yes/No Is prior authorization required? Yes/No

Number of visits allowed: _____

Do multiple therapies/procedures (ex: 92507 & 92508) on the same day count as one visit: Yes/No

Deductible: _____ Copay: _____

Are there limitations to this coverage? If so, what are they?

Reference number for the call: _____

Parent/Guardian Printed Name:_____

Parent/Guardian Signature:_____ Date: _____

As of 01/01/2023