850 S. Hewitt Rd.
Ypsilanti, MI 48197
arborautismcenters.com

main 734-544-5561
fax 734-527-5981
info@arborautismcenters.com

Non-Autism – OT/SLP Insurance Verification Form

Prior to your initial therapy visit, the following form must be completed with information provided by your insurance company. You may also download it and upload the completed form to your patient portal, or fax to 734-527-5981. If you are comfortable emailing protected health information, you may choose to email the completed form to info@arborautismcenters.com. By doing so, you acknowledge you are sending PHI using an unsecure method which may compromise the confidentiality of the information being sent.

First, have the following page ready to write down your information, then call the number on your insurance card. Calling the insurance company to verify what therapy services are covered and 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. If you are a parent new to understanding your benefits and what is covered, these suggestions will help you best direct the call representative to the therapy eligibility and benefits your plan and document the call.

After the representative answers your questions on the following form, 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.

850 S. Hewitt Rd.
Ypsilanti, MI 48197
arborautismcenters.com

main 734-544-5561
fax 734-527-5981
info@arborautismcenters.com

Non-Autism – OT/SLP Insurance Verification Form

Patient Name _____ Date of Birth _____

Prior to your initial therapy visit, the following form must be completed with information provided by your insurance company. Please download the form and complete it or print the form and complete it, then upload the completed form to your patient portal, or fax to 734-527-5981. If you are comfortable emailing protected health information, you may choose to email the completed form to info@arborautismcenters.com. By doing so, you acknowledge you are sending PHI using an unsecure method which may compromise the confidentiality of the information being sent. 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.

BCBS and BCN: Arbor Autism Centers is a Tier 2 provider for OT & SLP, your deductible may apply.

Please complete:

Date of call: _____ Time of call: _____

Name of the insurance representative with whom you spoke: _____

Deductible: _____ Maximum Out of Pocket: _____

Reference number for the call: _____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date: _____

Then, please ask and record the answers to all the questions on the next page.

Rev 09/06/2024

850 S. Hewitt Rd.
Ypsilanti, MI 48197
arborautismcenters.com

main 734-544-5561
fax 734-527-5981
info@arborautismcenters.com

Non-Autism – OT/SLP Insurance Verification Form

Speech and Occupational Therapy

Please ask the insurance representative to check the following Occupational and Speech Therapy procedure codes for coverage and prior authorization requirements:

☐ Yes	☐ No	92523 SLP Therapy Evaluation	☐ Yes	☐ No	Is prior auth required for 92523?
☐ Yes	☐ No	92507 SLP Therapy	☐ Yes	☐ No	Is prior auth required for 92507?
☐ Yes	☐ No	92508 SLP Group Therapy	☐ Yes	☐ No	Is prior auth required for 92508?
☐ Yes	☐ No	97166 OT Evaluation	☐ Yes	☐ No	Is prior auth required for 97166?
☐ Yes	☐ No	97110 OT Exercises	☐ Yes	☐ No	Is prior auth required for 97110?
☐ Yes	☐ No	97530 OT Therapy	☐ Yes	☐ No	Is prior auth required for 97530?
☐ Yes	☐ No	97535 OT Daily Living Activities	☐ Yes	☐ No	Is prior auth required for 97535?

Is there a visit limit for SLP or OT?
☐ Yes ☐ No If yes, #of visits allowed: _____
Do multiple therapy appointments (SLP and OT) on the same day count as one visit?
☐ Yes ☐ No
Do multiple procedures (ex: 97530 and 97535) on the same day count as one visit?
☐ Yes ☐ No
Are virtual SLP and OT visits covered?
☐ Yes ☐ No
Does the deductible apply to SLP and OT?
☐ Yes ☐ No
Is there a copay or co-insurance after meeting deductible?
☐ Yes ☐ No If yes, copay/co-ins:_____
Are there limitations to this coverage?
☐ Yes ☐ No
If so, what are they?

Rev 09/06/2024