**Insurance Benefits Verification Form**

Please use this form when calling your insurance company to verify benefits

**Contact member services at the phone number listed on the back of your insurance card.** Please ask the following questions to verify your insurance benefits for speech and occupational therapy. Completing this form with as much detail as possible will assist us and you to achieve your maximum insurance benefits. It is vital that you record the name of the person you spoke to and the reference number for the call. This will also assist us should your claim be denied by your insurance company.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Questions** | **Speech** | **Occupational Therapy** |
| Do I have benefits for …. |  |  |
| If yes, do these benefits only apply if this was because of an illness or injury?Or do these benefits cover neurodevelopmental therapy? (developmental delay) |  |  |
| How many visits am I allotted per year?Is my plan on a calendar year? |  |  |
| Do I need a pre-certification or pre-authorization for this service? |  |  |
| Do I have a copay or co-ins payment? |  |  |
| What is my deductible? Does my deductible apply to these services?Currently, how much have I met towards my deductible? |  |  |

Customer service agent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference number for this call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As insurance benefits can change annually, this form maybe used to check for changes yearly or when new coverage begins.

**Therapeutic Beginnings** **Therapeutic Beginnings on Capitol**