

Insurance Benefits Worksheet

We are currently preferred providers for the following insurance plans:

- Premera Blue Cross
- Cigna
- Regence Blue Shield
- Kaiser
- First Choice Network
- Tricare
- Aetna (GEHA)
- U.S. Family Health Plan

To verify your insurance benefits, **contact member services at the phone number listed on the back of your insurance card.** Completing this form with as much information as possible will assist us and you to achieve your maximum insurance benefits.

Child's name: _____ DOB: _____

Insurance Company: _____

Insurance ID#: _____ Group#: _____

Benefits Questions	Speech Therapy	Occupational Therapy
Provider (In network)	Christopher Heistand, CCC-SLP NPI: 1932180288	Rena Lewandowski, OTR/L NPI: 1437132925
CPT Code (billable therapy code)	92507	97530
Do I have benefits for...		
Does my plan cover telehealth for...		
Are there any exclusions on the plan benefit (i.e.: benefits will only cover therapy due to illness or injury)?		
How many visits am I allotted per year?		
Do I need a pre-certification or pre-authorization for this service?		
Do I have a copay or co-insurance 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: _____ Date: _____

Reference # for the call: _____

Please keep in mind that quoted benefits from your insurance company are not a guarantee of payment.

Therapeutic Beginnings

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