



# Questions for Your Insurance Company

## **Questions you should ask your insurance company before setting up therapy:**

*(This form is not needed for Medicaid or Medicare Part A & B)*

1. What is my benefit for speech therapy and/or occupational therapy?
2. Does my plan cover habilitative therapy? Rehabilitative therapy?
3. Are there any exclusions\*?
4. Do I need a physician's referral?
5. Is a doctor's order needed?
6. Is a prior authorization, pre-certification, or pre-determination needed?
7. Am I limited to a certain number of visits or dollar amount in a calendar year?
8. Do I have a deductible\*\*? How much is it? How much have I met this year?
9. What is my co-payment\*\*\* or co-insurance\*\*\* per visit?

Name of the person you talked with: \_\_\_\_\_

Reference # for your conversation: \_\_\_\_\_

Date of call: \_\_\_\_\_

\* Exclusions = reasons why therapy may not be covered; most insurance companies will only pay for therapy that is "medically necessary" based on a medical diagnosis; your plan may have other exclusions so be sure to ask.

\*\*Deductible = the amount you are expected to pay out-of-pocket annually before your insurance will pay anything.

\*\*\*Co-payment = a set amount that you will be expected to pay per visit.

\*\*\*Co-insurance = a percentage of charges that you will be expected to pay.