



Health Insurance Benefits Worksheet

When you obtain the services of Children's Therapy Center you are responsible for finding out what your health insurance benefits are and for keeping track of what your financial responsibility will be. We will file insurance claims for the services you receive, but you are responsible for verifying that your health insurance carrier will cover those services you receive from us.

QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:

Your Primary Insurance is: _____ Secondary: _____
 ID# _____ Group#: _____
 Member Services Phone#: _____
 Date you called: _____ Who you spoke to: _____

1. Verify with your insurance company if there would be coverage for the services your child needs: Speech: _____ OT: _____
 PT: _____ BH: _____
2. Do I have co-payment or is there a percentage of the bill I will be responsible for?

3. Do my benefits run on a calendar year or a benefit period? _____
 What is the benefit period? _____
4. Does my plan require a deductible be paid for the benefit period before the coverage begins? _____ What is the dollar amount? _____
5. Does my child have an out-of-pocket maximum that I pay per benefit period?

6. Does my insurance plan cover only a limited number of sessions for each benefit period? _____
7. Is there a requirement that I get a prior authorization and/or a referral before I see a clinician? Yes _____ No _____. If yes, whom do I contact? _____
 Phone#: _____

I have verified the above information and understand that I am responsible for any charges that the insurance does not cover. **Please sign below and return this form along with a copy of your insurance card and your completed paperwork.** Failure to complete and return this form may result in a delay in scheduling an appointment. Thank you for your cooperation.

Patient: _____ Date: _____
 Parent/Guardian Signature: _____

**Children's Therapy Center, 1000 Waterdam Plaza Drive, Suite 120, McMurray PA 15317
(724) 942-6100, Fax (724) 942-6104**