

## Health Insurance Benefits Verification

We will work with you to determine your health insurance benefits and file claims on your behalf. To insure that you understand your benefits and your responsibilities, we ask that you verify them prior to your first visit. Creative provides integrated services that are usually billed as Occupational Therapy, so please inquire as to that service.

Your insurance company (e.g. CareFirst, Aetna, Cigna, Anthem, etc.): \_\_\_\_\_

Subscriber (member) ID: \_\_\_\_\_ Group ID: \_\_\_\_\_

Member Services Phone (always call this number): \_\_\_\_\_ Provider Services Phone: \_\_\_\_\_

Date you called: \_\_\_\_\_ To whom you spoke: \_\_\_\_\_

Request verification of eligibility and reimbursement for Occupational Therapy. In network we may be listed as “Creative Health Solutions” (tax id 263881004) or “Judy Feingold, OT” (tax id 208417272)

Is Creative Health Solutions and/or Judy Feingold, OT in network? Yes \_\_\_ No \_\_\_

Is Occupational Therapy (OT) covered in network? Yes \_\_\_ No \_\_\_ Out of network? Yes \_\_\_ No \_\_\_

Is there a co-payment (fixed or percentage of the charge)? Yes \_\_\_ No \_\_\_ If “Yes,” how much? \_\_\_\_\_

Is there a deductible that must be met before the coverage begins? Yes \_\_\_ No \_\_\_ If “Yes,” how much? \_\_\_\_\_  
How much has been paid so far? \_\_\_\_\_

Is there an out-of-pocket maximum after which the insurance company pays everything? Yes \_\_\_ No \_\_\_ If “Yes,” how much? \_\_\_\_\_  
How much has been paid toward it so far? \_\_\_\_\_

Is there a limit to number of sessions per year? Yes \_\_\_ No \_\_\_ If “Yes,” how many? \_\_\_\_\_ and how many of those used so far? \_\_\_\_\_  
Is there a process to request more sessions? Yes \_\_\_ No \_\_\_ (if yes, describe on back)

Is there a dollar limit to insurance company reimbursement? Yes \_\_\_ No \_\_\_ If “Yes,” how much? \_\_\_\_\_  
and how much, if any, has been paid so far? \_\_\_\_\_

When is the plan year (e.g., January 1 – December 31)? \_\_\_\_\_

Is authorization needed before treatment or after the first session? Yes \_\_\_ No \_\_\_ If “Yes,” how is it obtained and from whom? \_\_\_\_\_ (Note that in Virginia a referral or prescription is not medically required to see an OT; this does not eliminate insurer requirements for authorization.)

Will the insurance company require information from Creative now (to initiate) or in the future (to continue) coverage? Yes \_\_\_ No \_\_\_ If “Yes,” after how many visits? \_\_\_\_\_

Information for follow up (contact and telephone) \_\_\_\_\_

I have reviewed the above information, inquired as indicated, and understand that I am responsible for co-pays, co-insurance, and deductibles for in-network service, as well as for un-reimbursed charges for in-network or out-of-network coverage.

Patient’s Name: \_\_\_\_\_ Parent/Guardian Printed name: \_\_\_\_\_

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