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: in network?_____ out of network_____

Is there a deductible that must be met before the coverage begins? Yes____No____ If "Yes,"how much: in network? _____ out of network?_____ How much has been paid so far: in network?_____ out of network? _____

Is there an out-of-pocket maximum after which the insurance company pays everything? Yes____No____ If "Yes,"how much: in network?_____ out of network?_____ How much has been paid so far: in network?_____ out of network? _____

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: _____