

Steps to Using Insurance Coverage for Health Services

Whatever insurance you have, the first step is to discuss your concerns with your family member's Doctor and request an evaluation or assessment.

When calling your child's insurance company, always have your child's insurance card and be ready to provide the member and subscriber numbers to the insurance company. Call the phone number for member services which is typically listed on the card. Document all of your contacts with your insurance company and your physician. This document is a tool for you to use when you make those calls. We have also included some questions that may be helpful in your discussion with your insurance company.

DEFINITIONS	
OT	Occupational Therapy
PT	Physical Therapy
ST	Speech Therapy
BHS/ABA	Behavior Health Services/Applied Behavior Analysis
Treatment Limitations	Explains what diagnosis is covered and which ones are excluded; watch for exclusions that state "except for congenital abnormality or developmental delay".
Co-payment	A predetermined amount of money that the insured has to pay at each session, e.g. \$20 per session.
Co-insurance	A variable amount based on a percent of the total fee. For example, if the total fee is \$50 and the co-insurance amount is 20%, they would pay \$10 each session.
Individual deductible	The amount of money a single individual on a policy must pay out-of-pocket before insurance would begin to pay for services.
Family deductible	The amount of money all family members on the policy have to pay out-of-pocket before insurance would begin to pay for services.

Date of phone call: _____ Name of person with whom you spoke _____

QUESTIONS TO ASK	ANSWERS GIVEN BY INSURANCE COMPANY
Does my insurance plan include a benefit for OT, PT, ST or Behavior Health Service (BHS/ABA)?	
What exclusions are attached to any of these services?	
What are my treatment limitations?	
What types of diagnoses are covered under my policy?	
If applicable to your child, ask about coverage for specific diagnosis. For example, developmental delay, genetic syndromes, autism.	
How many sessions are covered annually?	
Do I need to get an authorization to obtain these services?	
Do I need to go to a preferred provider? If so, where can I obtain a list?	
How much am I responsible to pay for each session?	Co-pay amount: Co-insurance amount:
Do I have an annual deductible and, if so, how much is it for an individual and for the whole family?	Annual deductible amount: Individual: Family:
Has any of my deductible been met and, if so, how much money has been applied to date?	

Documentation for follow-up phone calls:

Date of phone call _____ Name of person with whom you spoke _____

QUESTIONS ASKED	ANSWERS GIVEN
My physician has prescribed [an evaluation/assessment] for Speech Therapy, OT, PT, behavior health services what do I need to do now?	

Date of phone call: _____ Name of person with whom you spoke _____

QUESTIONS ASKED	ANSWERS GIVEN
I have not had a response about the request for [an evaluation/assessment], what is the status?	

Date of phone call: _____ Name of person with whom you spoke _____

QUESTIONS ASKED	ANSWERS GIVEN

Date of phone call : _____ Name of person with whom you spoke _____

QUESTIONS ASKED	ANSWERS GIVEN

Date of phone call : _____ Name of person with whom you spoke _____

QUESTIONS ASKED	ANSWERS GIVEN

Many requests for insurance funding will be approved. When the request for insurance funding is denied, you have a right to file an appeal. Always request any denial of services in writing from your insurance company. Contact your Regional Center Service Coordinator to discuss the denial and be ready to provide documentation of the denial to the Service Coordinator. Your will be asked to file an appeal with your insurance company. San Andreas can only consider funding behavior intervention if your appeal is denied by insurance.