



## INSURANCE QUERY FORM

Your health insurance is a contract between you and your insurance company. You are responsible for understanding your benefits and we want to give you as much information as possible to help you understand how your insurance might cover our services. While we do our best to estimate your coverage by using the information provided by your insurance company, we do not guarantee that the information that your insurance provides us with is accurate.

**Please call your insurance company before your visit to ask the following questions about your plan:**

1. Is speech/occupational therapy a **covered benefit** of my plan?

*Some commonly billed CPT (procedure) codes that we use:*

Speech therapy evaluations: 92521, 92522, 92523, 92610

Speech therapy treatments: 92507, 92526, 92508, 97535

Occupational therapy evaluations: 97165, 97166, 97167, 92610, 97168

Occupational therapy treatments: 97530, 97150, 92526, 97110, 97535

2. How many **visits** are allowed per year, per therapy? \_\_\_\_\_
3. Are visits counted by the calendar, or the plan year? *Circle one: Calendar year Plan year*
4. Do I have to meet a **deductible** before my insurance will pay for services?
5. Once I've met my deductible, what is the **coinsurance** amount that I am responsible for paying?
6. If I don't have to meet a deductible, what is my **copay**?
7. Are there any **exclusions** for speech/occupational therapy coverage?
8. If ST/OT services fall under my mental health benefits category, what are my **mental health benefits**?
9. Is **pre-authorization** and/or **physician referral** required?
10. Is **online** speech/occupational therapy covered on my plan? (CPT modifier -GT or -95, POS code: 02)

The Hello Clinic is contracted with Regence BCBS, Moda, Kaiser (by referral for speech only), and PacificSource. If you have a different insurance company, you will pay the full cost of services at the time of your appointment, and may be able to receive reimbursement from your insurance. If you are out of network, please ask the following questions:

1. Does my plan have **out-of-network reimbursement** for speech/occupational therapy services?
2. If **pre-authorization** or **physician referral** is needed, where do I find the form?
3. How and where do I submit claims?

If your health plan makes a coverage decision that you disagree with, please consult your health plan. We are a provider of medically necessary health services, but **we do not make coverage decisions**. Asking the above questions in advance will help you estimate your financial responsibility for our services, in relation to your policy.