



Peak Potential Therapy LLC

Developmental & Holistic Approach to Treating Children with Disabilities

Know Your Insurance Policy Benefits?!

Call your insurance company, ask them the following questions, complete the form and return to us. We will then be able to bill your insurance for services.

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

Client's Name: _____ Client's Date of Birth: _____

Insurance Co: _____ Plan Name/Program Name: _____

Insured's ID#: _____ Policy Group #: _____

1. PROCEDURE CODE FOR SERVICE(S): Are the following CPT codes covered: # 92507 (private speech therapy) **Yes or No** , or #92508 (group speech therapy) **Yes or No** , or #97533 (sensory regulation) **Yes or No**
 - A. If no, consider other payment options: scholarships/grants, Care Credit, Ohio Department of Education – school choice scholarship programs, Help Me Grow, County Board of DD, Family First Council (subsection of the county), or private pay.
2. DIAGNOSIS CODE (S): If yes, do they provide coverage for your child's diagnosis? Get the code(s) from your doctor. If your child has multiple diagnoses, then ask for each ICD-10 code:
 - Diagnosis name: _____, ICD-10 code: _____, covered: **Yes or No**
 - Diagnosis name: _____, ICD-10 code: _____, covered: **Yes or No**
 - Diagnosis name: _____, ICD-10 code: _____, covered: **Yes or No**
3. PLACE OF SERVICE: Does it matter where services are provided? **Yes or No**
 - A. If yes, ask if each Place of Service code is covered: #11 (in office) **Yes or No**, #12 (in home) **Yes or No**, or #99 (other place of service) **Yes or No**. There is no in community place of service code.
 - a. There can be different coverage rates for facility and non-facility service. Ask what the different rates are: Facility = \$ _____ and Non-facility= \$ _____
 - B. Does a "Prior Authorization" need to be done prior to starting services? **Yes or No**
4. QUANTITY AND RATES: Is there a limited number of sessions covered per year? **Yes or No**
 - A. If yes, how many? _____
 - B. What amount or percentage will they cover per session? \$ _____ or _____%
 - C. For what duration can the limited number of sessions be used: a calendar year, fiscal year, a year from starting services, or other? _____
 - D. Does the rate the insurance company pays change after so many sessions? **Yes or No**
 - a. If yes, how many are covered at what rate, and then what does the payment rate change to? _____
5. DEDUCTIBLE: Is there a deductible that needs to be met prior to utilizing your benefits? **Yes or No**
 - a. If yes, how much is the deductible? \$ _____ → Has this been met? **Yes or No**