



## Understanding Your Insurance Policy

As stated in the Peak Pediatric Therapy, LLC Financial Policy, it is the client/parent/guardian's responsibility to contact the insurance carrier and understand the benefits of the plan. These questions will help guide you to ask important questions to understand your policy benefits and plan regarding speech-language therapy services; however, this may not be an all-inclusive list.

Date & Time of Call: \_\_\_\_\_ Reference Number for Call: \_\_\_\_\_

Representative Name: \_\_\_\_\_

1. Do I have speech language therapy benefits?
2. Is a referral from my primary care physician required for the evaluation?      Treatment?
3. Is prior-authorization required for the evaluation?      Treatment?
4. Are there any exclusion clauses regarding the speech-language therapy coverage?
5. If so, what are the exclusions?
6. What are the dates of the benefit plan year?
7. How many speech-language therapy visits are allowed per benefit year?      Is that a hard max?
8. Under what circumstances can my child obtain more authorized visits?
9. Are the speech-language visits shared with physical therapy or occupational therapy?      Or do they stand alone?
10. How many visits does each discipline have?
11. How many visits have been used this year thus far?
12. What is my deductible?      In-network?      Out-of-Network?
13. How much of the deductible has been met?
14. Does the deductible have to be met prior to speech-language therapy coverage?
15. Is there co-pay for visits?      What is our co-pay?
16. Is there co-insurance for visits?      What is our responsibility?
17. Do we have out-of-network benefits?
18. Can we choose to see an out-of-network speech-language pathologist?
19. What are the differences in coverage benefits for in-network vs out-of-network provider?
20. If we choose to see an out-of-network provider, what is the process for requesting reimbursement?