

Insurance Tips - Verifying Insurance Coverage

- The customer service phone number is located on the back of your insurance card.
- Please have information regarding DOB of policy holder, SS # and any other identifying information the representative may need. Children's Therapy Connections is billed under the name **Professional Therapeutics**.
- Currently Professional Therapeutics is only in network with BCBS. If CTC is out of network with your insurance company, we will submit claims on your behalf.
- Any uncovered portions of services will be the client's responsibility - please see our financial policy.

Representative's name: _____ Direct phone #: _____ Extension: _____

In Network Service Provision? _____ Out of Network Service Provision? _____

Is the service your child requires covered? OT _____ Speech Therapy _____ PT _____

What are the rules and regulations around your service? _____

Does the plan allow an unlimited number of visits per year based on need? _____

Or, are there restrictions in number of visits per therapy type or combination of professions?

OT _____ Speech _____ PT _____

Is there a co-payment due on date of service? In network \$ _____ Out of network \$ _____

What is the deductible amount? In network \$ _____ Out of network \$ _____

How much of the deductible has been met at this time? \$ _____

What is the insurance coverage year start date? _____ (Some policies start on January 1, but some start on October 1 and others start on July 1. The start date of the insurance year means the deductible is due yearly at that time).

Clients with Union Benefits. Verifying Coverage

Union insurances are considered a private healthcare policy. Each unions Health and Wellness Board has their own criteria regarding benefit coverage – Utilization Management for example MedCare Management or Telligen. To speak to the Utilization Management office please call your union's health and wellness office, the phone number is located on the back of your card. Ask for the contact information/phone number to the unions Utilization Management office. _____ Utilization Management will determine your plans coverage.

Representatives name: _____ Extension: _____

1. Is a preauthorization needed to have an evaluation? _____

2. Does the evaluation need to be submitted to determine medical necessity? _____ Fax # _____

3. Is there any other information required to be authorized for therapy treatment/ services? _____

Please inform CTC about documentation needed. CTC will fax information to the representative. Please allow 7 to 14 days after evaluation date for written report to be faxed to Utilization Management.

***Service cannot start until Utilization Management provides CTC with an authorization to begin services.**

***Once documents have been submitted please call your Utilization Management representative to check on progress/status of authorization being requested for treatment to begin.**