**Insurance Benefit Verification Form**

This is the basic information you will need when you call. Benefits need to be verified for each child (if you have more than one child receiving services).  **It is the client’s responsibility to be informed of benefit information.** If an insurance carrier deems services *not medically necessary*, the client is responsible for payment of all services denied.

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insured's ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Holder's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder's D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Plan Date: From \_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_

**Questions to ask:**

Is Shining Stars Therapy, PA an in-network provider**? Yes No**

What is my deductible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in network)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(out of network)

Are OT, PT, and ST services covered under this plan? **Yes No**

Are Therapy services applied to my deductible? **Yes No**

Is there a limit to the number of visits per year? **Yes No**

How many visits for each service? OT \_\_\_\_\_\_PT\_\_\_\_\_\_ST\_\_\_\_\_ Is there a hard max? **Yes No**

Do I have a co-payment or co-insurance that I'm responsible for? **Yes No**

$\_\_\_\_\_\_\_\_\_\_ co pay %\_\_\_\_\_\_\_\_\_\_\_\_\_co-insurance (Therapy services are recognized as specialists)

Is the copay or coinsurance different depending on the service location? **Yes No**

Are there service location exclusions? Office **Yes No** Home **Yes No** Daycare/preschool **Yes No**

Are there exclusions for services? (Developmental delay, ADHD, Autism, sensory integration, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is a pre-certification required? **Yes No**

If pre-certification is required, where should that information be sent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If pre-certification is required, what type of information needs to be sent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the representative you spoke with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_