

Determination of Insurance Coverage for Speech Therapy Worksheet

1. Date of call _____
2. Time of call _____
3. Telephone number called _____
4. Name of person spoken to _____
5. Tell insurance representative:

"My child (I) had a speech language evaluation performed on _____.
(Date of evaluation)
The speech language pathologist made the following diagnosis:
a.

b.

c.

d.

e. (Note if the representative takes codes)
6. Is speech therapy covered to remediate this diagnosis? (Ask about each diagnosis listed on report)
_____ Yes _____ No
7. If yes, are there any EXCLUSIONS regarding speech therapy in my plan? If so, what are they?
(Common exclusions are therapy covered only if "restorative", only if due to illness, accident, injury or congenital anomaly, developmental delay not covered, medical necessity). Write down exactly what exclusions the representative states:

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8. Is there a co-pay for office visit and/or speech therapy? ____Yes ____No
9. If yes, what is the co-pay?_____
10. Do I have a deductible that must be met before insurance will pay? ____Yes ____No
11. If yes, what is my deductible?_____
12. Do I have to pay co-insurance? ____Yes ____No
13. If yes, what is the co-insurance? _____
14. How many days/visits are covered? _____
15. Is a referral needed? _____
16. Must treatment be pre-certified, pre-determined or authorized? ____Yes ____No
17. What information will you need besides the bill in order to pay the claim?

18. Reference number for this phone call_____