

Insurance Worksheet

Adaptive Brain Speech Therapy is out of network for all insurance companies except Medicare Part B. Your health insurance coverage is an agreement between you and the insurance company. It is your responsibility to seek information regarding your policy and any limitations on coverage. All charges are ultimately your responsibility.

If you are interested in submitting claims for out of network coverage, please call your insurance company prior to your first visit.

CPT codes used include: 92522, 92523, 92524, 92610, 96105, 96125, 92507, 92526, and 92609. ICD-10 codes are based on your medical diagnosis. **Policy Benefits** Does my policy cover reimbursement for out of network providers of speech-language pathology evaluations and treatment? ☐ Yes ☐ No What is the maximum amount that would be reimbursed for the following codes: 92523: 92507: 96125: What are the steps that need to be taken for reimbursement? Copays Would a copay or co-insurance apply? If yes: Copay (\$): _____ Co-insurance (%): _____ Deductible Are the benefits subject to the deductible? \Box Yes \Box No Visit Limits Does my policy cap the number of speech therapy sessions per year? # of sessions total: _____ # of sessions used: _____ ☐ Yes \square No

Does my policy require an authorization prior to speech-therapy visits?

Representative's Name: ______Reference/Call #:_____

☐ Yes ☐ No

Authorization Requirements