Children's Theraplay
Family-Friendly Therapeutic Intervention

Checking Therapy Benefits and Understanding Them:

Copayments, Coinsurance, Deductible, and Private Payments are the responsibility of the patient. You may choose between paying at each session, or receiving a monthly invoice. "Patient responsibility," or the amount due from you for services, is also shown on remittance statements from your health insurance company. Payment on invoices is due 30 days after the date on the invoice; an account fee of 1.5% per month is charged on unpaid balances unless you have arranged for a payment plan.

We are a participating provider for many health insurance programs. We will assist with obtaining prior authorization if it is required by your insurance plan. For your convenience, we will submit billing to your insurance company. Please inform us immediately if you change insurance providers, including any temporary defaults from PMAP to straight MA.

Children's Theraplay is happy to work with families to arrange a payment plan so that your child can receive the services he or she needs.

What is a deductible?
A specified amount of money that the insured must pay before an insurance company will pay a claim. If your claims process to your deductible you should expect to pay this amount before seeing a contribution from your insurance. It is possible that even after paying your deductible you will owe additional patient responsibility (co-insurance).

What is an Out of Pocket Max?
An out-of-pocket maximum is the most you'll have to pay during a policy period (usually a year) for health care services. Once you've reached your out-of-pocket maximum, your plan begins to pay 100 percent of the allowed amount for covered services.

What is a co-pay?
A payment made by a beneficiary (especially for health services) in addition to that made by an insurer.

What is co-insurance?
A type of insurance in which the insured pays a share of the payment made against a claim.

What is a visit limit?
Limits may be placed on the number of visits that will be covered for a particular service. If there is a *soft* limit we can make a request to your insurer to approve additional visits. If there is a *hard* limit you cannot request additional visits you can only utilize the number your insurance approves.

What is a prior authorization?
Prior authorization is a process used by some health insurance companies to determine if they will cover a prescribed procedure or service.

What does habilitative mean?
Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age.

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Checking Habilitative Therapy Insurance Benefits

Obtaining this information prior to beginning services at our facility will help you to determine if therapy services are covered, and your patient responsibility for any services provided.

*Always obtain the name of the person you spoke with when you called your insurance provider:

Representative's Name: _____ Date: _____

Reference Number (if available): _____

Is Children's Theraplay an in-network provider for you? Our facility's NPI number is: 1215104393. Our facility's tax ID number is: 90-0533139.	
Is there a habilitative occupational therapy benefit (vs. rehabilitative). Habilitative occupational therapy is sometimes referred to as a developmental delay benefit.	
What is your patient responsibility? Is there a copayment/coinsurance? Do you need to meet a deductible before coverage is provided? What is the out of pocket maximum?	
Is there a visit limit? If so, is it per calendar year, plan year, or a lifetime maximum? Is it a hard or soft visit limit?	
If there is a visit limit, is this benefit shared with other services like speech, physical therapy, or chiropractic?	
Is prior authorization required? If your insurance provider requires prior authorization, in most cases, we can acquire this for you.	
Does your insurance carrier require a physician referral for benefit coverage? We can obtain physician's orders for medical necessity for you, but sometimes insurance carriers require you to contact the physician's office to put an official referral in place.	
Is there coverage for telehealth/telemedicine/virtual care on my plan for therapy services? What is the coverage level/patient responsibility for virtual services?	