

LET'S TALK SPEECH & LANGUAGE THERAPY SERVICES, LLC

INSURANCE FORM

Prior to your first visit at Let's Talk Speech & Language Therapy Services, we request that you contact your insurance company to determine eligibility for speech-language therapy services, and obtain a referral if necessary. Failure to do so may result in the patient being responsible for payment of services due to insurance denials.

Please call the member services number on the back of your insurance card and ask what your benefits are for outpatient speech-language therapy services.

- If speech/language concerns are due to a congenital issue that you or your child have *always* had and/or is related to development, services would be habilitative.
- If speech/language concerns are due to a *loss of skills* that you or your child have experienced due to a major accident/illness/injury, services would be considered rehabilitative.

Record the following information:

1. Is Let's Talk: In-network _____ Out-of-network _____ (NPI #1780952473)
 - a. If out-of-network, do you have out-of-network benefits: Yes _____ No _____
2. Do you need a referral for an evaluation: Yes _____ No _____
3. Do you need a referral for therapy services: Yes _____ No _____
 - a. If Yes, record the date that you called PCP for referral: _____
4. Do you need an authorization for therapy services: Yes _____ No _____
5. Do you have a deductible: Yes _____ No _____
 - a. If Yes, what is the amount: _____
6. Do you have a coinsurance or copay: Yes _____ No _____
 - a. If Yes, what is the amount: _____
7. Is your plan based on a plan year or calendar year: _____
8. How many visits do you get per plan/calendar year: _____
9. Are there exclusions for your plan: Yes _____ No _____
 - a. If Yes, what are the exclusions: _____

10. Name of the representative that you spoke with: _____