



CSTC Therapies

Health Insurance Benefits Worksheet

When you obtain the services of CSTC you are responsible for finding out what your health insurance benefits are, filing your claims (if you are out of network) and verifying that your health insurance carrier will cover those services you receive from us. You are responsible for payment for all services provided.

QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:

Your Primary Insurance is: _____ Secondary: _____

Member #: _____ ID#: _____

Member Services Phone #: _____

Date you Called: _____ who you spoke to: _____

1. Verify with your insurance company if there would be coverage for the services your child needs: Speech _____
If there is coverage are there any exclusions? _____

2. Do I have a co-payment or is there a percentage of the bill I will be responsible for? _____

3. Does my plan require a deductible be paid for the calendar year before the coverage begins? _____ What is the dollar amount? _____

4. Does my child have an out of pocket maximum that I pay per calendar year?

5. Does my insurance plan cover only a limited number of sessions for each calendar year? _____

Is there a requirement that I get a prior authorization and/or a referral before I see a clinician? Yes _____ No _____ If yes, who do I contact? _____

Phone#: _____

I have verified the above information and understand that I am responsible for payment of all charges as invoiced.

Please sign below and return this form along with your completed paperwork.

Patient: _____

Parent/Guardian Signature: _____

Date: _____

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