CSTC THERAPIES INC.
44081 PIPELINE PLAZA, STE 120
ASHBURN, VA 20147
(703) 723-7270
WWW.CHILDRENS-SPEECH.COM

CSTC Therapies Inc.
Health Insurance Benefits Worksheet

When you obtain the services of Children's Speech Therapy Center you are responsible for finding out what your health insurance benefits are, filing your claims and verifying that your health insurance carrier will cover those services you receive from us. You are responsible for payment for all services provided. Our NPI # is 1306082078 and our Tax ID 26-3884101.

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 & Language
CPT code 92507 _____
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: _____