



Pediatrics 1st

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INSURANCE COMMUNICATION FORM

Name of Insurance Carrier? _____

What type of plan do I have: HMO PPO POS Other _____

How much does the plan cost me each pay period? _____

Should I consider a different plan (one that covers the Therapeutic Needs of my family) during the next open enrollment season? _____

Who is the Human Resources Representative at my company who directly communicates with the health insurance company? Write down their contact information. _____

Today's date, Number you called and name of the person providing information: _____

Does my plan cover Therapeutic Services (CPT Codes: 92506, 92507, 92508, 97003, 97755, 97004, (92526, 92597, 92610, 97532)? _____

Who do I contact for pre-authorization? Appeals? _____

Where do I send bills? _____

What are my copayments, coinsurance fees? _____

Are there any age or dollar maximums? _____

Do I have an out-of-pocket maximum per calendar year? _____

When is my next open enrollment period (group insurance only)? _____

If I have therapeutic services benefits what will the insurance company pay for in-network providers? Out-of-network providers? _____

What's the process for requesting the insurance company to pay the in-network rate for my specially skilled out-of-network provider? _____

Where can I get the benefit summary for my plan? _____

KEY POINTERS

DEDICATE a folder or notebook to insurance claims & information.

DOCUMENT the date, name of representative and topic of discussion and resolution .

FOLLOW-UP & hold the insurance companies accountable to your benefit plan

APPEAL insurance claim denials &

CONNECT with other subscribers who have been through the same process.

