



## Insurance Information and Forms

### Insurance Benefits

- All policies are different; it is your **responsibility** to know your benefits based on your individual plan.
- Current clients: Please alert Kelly to any **changes** to your plan, i.e., new I.D. cards, etc.
- Our insurance forms must be filled out **prior** to treatment; they can be found on our website, [lakeshorespeech.com](http://lakeshorespeech.com) or you may ask the office manager, Kelly.
- Please be aware that if you have a deductible, the cost of the visit is **yours** until the deductible has been met.
- We accept Anthem bcbs and Medical Mutual. If you carry a **different** insurance, it means that we are out of the network and you are responsible for payment in full at the time of treatment.

### **Insurance Information and Forms**

As a patient, it is your responsibility to understand your insurance plan and what is covered. Please review the following terms and verbiage carefully.

**1) What is a deductible?**

The amount you owe for health care services your plan covers before your insurance begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met the \$1,000 deductible for covered services subject to the deductible.

**2) What is a copayment?**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service.

**3) What is coinsurance?**

Your share of the costs of a covered service, calculated as a percent (for example, 20%) of the allowed amount. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20.

**If you have a deductible, it means that you, the patient, are responsible for the cost of therapy until said deductible has been met (not including copays/coinsurance).**

It is also imperative to know how many visits you have for speech therapy according to your insurance plan's calendar year. It is your responsibility to track visits.

Once insurance visits are depleted, the patient will be responsible for the charges in full.

---

**Signature**

---

**Date**

### Insurance Information and Forms

Please fill out **completely** and bring to the first therapy session along with your insurance card so we may make a copy. **It is very important that you contact your insurance company to verify benefits. We will not be able to start therapy until this form is completed!**

The starred items are questions you need to ask when you contact your insurance company.

If you have copay, we will also collect that at the appointment; we take credit card, checks and cash. Thank you!

Client Name: \_\_\_\_\_

Private Pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

\*Number of Approved Visits per year: \_\_\_\_\_

\*Ins. Calendar Year- starts/ends \_\_\_\_\_ / \_\_\_\_\_ (example: Jan 1/Dec. 31)

\*Deductible? Yes \_\_\_\_\_ No \_\_\_\_\_ \*If yes, Amount \$ \_\_\_\_\_

\*Co-pay/ Co-insurance per session: \$ \_\_\_\_\_

\*For those with Medical Mutual- are your visits managed by Landmark Healthcare?

Yes \_\_\_\_\_ No \_\_\_\_\_

How do you prefer to be contacted in the event that a cancellation needs to be made?

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

How did you find out about us? (E.g. internet search, referred by friend, social media)

---