



Parent Insurance Verification Tool

On the back of your insurance card call the Mental Health/Behavioral Health phone number

Questions to Ask:

1. Rep Name:
2. Date of Call:
3. Reference number for call:

This is very important to document in case you are given erroneous information

When calling your insurance many customer service reps **do not know** what ABA (Applied Behavior Analysis) therapy is. In order to assist them to obtain the right information provide the following:

1. Advise *this is a mental health/behavioral health benefit*
2. Provide the service that will be performed:
 - BCBA Evaluation: Code: 97151 Diagnosis: ASD F84.0
 - RBT Direct Service: Code:97153 Diagnosis: ASD F84.0

Does my plan follow the Autism State Mandate? Yes___ No ___

(if yes, then your insurance follows Act 62 and has an autism benefit)

Is my plan self-funded? Yes ___ No ___

If Yes, ask if your **plan has an Autism/ABA benefit.** Yes_____ No_____

Deductible:

1. **Do I have a deductible?** Yes No
If yes,
 - **What is my individual deductible for my child?** _____
 - **Has anything been met yet?** Yes Amount Met _____ No
 - **What is my family deductible?** _____
 - **Has anything been met yet?** Yes Amount Met _____ No

Co-Pay or Co-Insurance

Note: Your insurance will either have a co-pay for each visit or co-insurance. Some insurances may not require co-pay or co-insurance where they will pay everything, and you will have no out of pocket costs BUT this is rare.

1. **What is my Co-Pay?** _____



2. Is co-pay applied per provider, per day? _____
3. What is my co-insurance? (Percentage insurance pays and percentage patient responsibility) _____
4. Are visits unlimited? Yes No
If No, how many visits are permitted yearly?

Out-of-Pocket Maximums

Many insurances have a benefit that you pay out-of-pocket up to a certain maximum amount. Once you reach that maximum, the insurance will pay at 100% and you no longer have copays or coinsurance. Sometimes the deductible paid is included in the max amount, sometimes it's not. It is always best to ask.

1. What is my Out-of-Pocket maximum?
2. Is the deductible applied to the OOP maximum?
3. What amount has already been applied to my OOP maximum?

Lifetime or Yearly Maximums:

Some insurances will only pay up to a capped amount each year. This means that once the insurance pays all that they are contracted to pay they will STOP paying claims stating, "*benefits have been exhausted.*"

1. Is there a yearly maximum on my policy? Yes No
If Yes, what is the yearly maximum amount insurance will pay?
2. Is there a lifetime maximum on my policy? Yes No
If Yes, what is the lifetime maximum amount insurance will pay?

Authorizations:

1. Does my insurance require an authorization for ABA therapy? Yes No
If Yes, what phone number must my provider call?

Additional Notes: