



HEALING HANDS THERAPY CENTER, LLC

Patient Insurance Worksheet:

Healing Hands Therapy Center, LLC is considered "out of network" with all insurance carriers. I will, however, offer guidance on how to manage your out-of-network benefits. I suggest that prior to your first visit you contact your insurance company to confirm your coverage benefits. This form serves as a checklist to help you get all the necessary information in order to maximize your reimbursement.

Patient Name: _____

Primary Insurance Company: _____

Insurance ID#: _____ Group ID #: _____

Insurance Tel#: _____

Date and time of call: _____ Name of person you spoke with: _____

Do I have out of network benefits for OT? Yes ___ No ___

Is there a deductible for out of network and if so how much? \$ _____

How much if any has been met? \$ _____

What, if any is my co-insurance percentage? 10%, 20%, 30%, other: _____

Does my policy require pre-certification (like Orthonet) for OT services: Yes ___ No ___

Can you provide me with the paperwork for pre-certification? _____

Is there a maximum number of sessions allowed for OT? Yes ___, if so how many? _____ No ___

Number of OT visits used already this year: _____

If you have a secondary insurance you should also call that carrier and ask the same questions.

Notes:

I understand that I am responsible to obtain accurate information about my insurance policy in order to maximize my benefits. I also understand that I will pay for services at the time they are rendered and it will be my responsibility to seek reimbursement. Healing Hands Therapy Center, will provide documentation, such as evaluations and progress notes to assist you in this process as well as diagnosis codes and billing codes.