



What questions should I ask my insurance carrier?

In order to optimize your coverage whether you decide to go in-network or out-of-network, please ask the following questions:

- What is my in-network deductible?

- What is my out-of-network deductible?

- How much of this have I already satisfied?

- Until I meet my deductible, what can I expect to pay for each occupational therapy appointment at an in-network clinic?

- What can I expect in reimbursement or application to my deductible if I get occupational therapy at an out-of network provider and send in self-claims?

- Is there a limit to how many visits will be covered? If so, is this per calendar year or per diagnosis?



- If I go in-network for occupational therapy, what providers am I allowed to visit?

If you decide to explore your in-network clinic options, here are a few good questions to ask the in-network clinics to determine the level of care you're likely to receive:

- On average, how many patients are in the clinic at a time?
- Are only occupational therapists providing care, or do you use assistants and techs?
- Are parents part of the session or do they stay in the waiting room?
- How much one-on-one time will I get with my occupational therapist in each session, and on average, how many times per week do your patients come in for treatment?

While calling your insurance company will give you the most accurate and detailed information, Jessica is able to look up limited benefit eligibility (out-of-network deductible and maximum percentage covered). Please call Jessica with the following information:

- Patient's Name
- Patient's DOB
- Insurance carrier
- Member ID

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