

Tax ID # 88-3551974

Do I have any Out-of-Network (OON) Occupational	
Therapy Benefits? If not, do they allow an exception	
request from the member or Pediatrician for In-	
Network status?	
How do I obtain this exception?	
If they do allow OON, what is that benefit?	
Deductible:	
Copay or Coinsurance:	
Out of Pocket Max:	
Visit Limit:	
Does it require Prior Authorization:	
If so, how do I obtain authorization since my provider	
does not bill insurance:	
Is this a combined benefit for IN and OUT of	
network:	
Is a referral required from my pediatrician or	
referring professional:	
Is Telehealth covered? What modifiers are needed?	
Are there any exclusions on my plan based on the	
Procedure (CPT) codes?	
What form do I fill out when filing a claim?	
What is your name?	
Is there a reference # for our call?	
Today's date:	

Insurance Benefit Checklist

- Evaluation could include 1 of these CPT codes: 97165, 97166, 97167, 97168
- Treatment codes could include these CPT codes: 97530, 97112, 97110