



INSURANCE BENEFITS WORKSHEET

As a courtesy, The Speech and Language Center submits insurance claims on behalf of our patients. Please remember that we cannot guarantee insurance payments and that you are financially responsible for any fees that are not covered by insurance. Remember that your insurance policy is a contract between you and your insurance carrier. We will assist you to the best of our ability to collect payment, however it is your responsibility to be aware of your benefits and for making sure they are paying correctly.

General Insurance Information

Patient's Name:	Patient's Date of Birth:
Name of person completing this form:	Today's Date:
Current Insurance Carrier:	The Speech and Language Center is: <input type="checkbox"/> In Network <input type="checkbox"/> Out of Network

Your current insurance carrier is:

Your policy has a deductible.

A deductible is a pre-specified amount of money that the insured must pay before an insurance company will pay a claim, as defined by the insurance policy.

Your deductible is _____ of which _____ has been met. There is _____ remaining towards your deductible.

Your policy has a copayment for this service.

A copayment or copay is a payment defined in the insurance policy and paid by the insured person each time a medical service is accessed.

Your copayment is estimated to be _____. Copayments are due at time of service.

Your policy will pay for a portion of your fees.

Co-insurance is a type of insurance in which the insured pays a share of the payment made against a claim. The insured's share of the costs of a covered health care service are calculated as a percent of the allowed amount for the service. Co-insurance policies may also include a deductible.

Your co insurance is _____% / _____% for in network providers, and _____% / _____% for out-of-network providers.

You will be financially responsible for _____% of the allowable charge.

The maximum allowable therapy visits per benefit year:

The benefit year is:

Additional Information

The Speech and Language Center will be happy to provide you with an estimate of what you will owe for today's visit, however, your exact financial responsibility can not be calculated until after your insurance processes the claim. A whole or partial payment of the estimated cost is encouraged, but you will be invoiced for any remaining amount owed.

I understand and have verified the above information and I am aware that I am responsible for any charges that my insurance does not cover.

Signature of Insurance Subscriber

Print Name

Date