

## Insurance Verification- Therapy Corps, PLLC



Please print this form and use it as a guide for your call to your insurance company. Write all information down and keep this form in a secure place in case you need to reference it at a later date. It is recommended that you block about 30 minutes for this call to collect the needed information. You might also be able to access these answers on an online portal through your health insurance. Prior to the call have this information available. Call the MEMBER number on your insurance card and tell them you “want to verify speech therapy benefits”.

Name of Patient:

Name of Primary Insured:

Name of policy holder/Insurance Carrier:

Subscriber number

Group number

Specialty/name of desired provider and their location: THERAPY CORPS, PLLC  
MOBILE PRACTICE

**Phone Number Called: Customer Rep Name:**

**Date of Call: Reference Number: **always ask for this****

1. Do I need pre-authorization for speech therapy services rendered in the home or for teletherapy?
2. Exclusions for speech therapy (ex: specific diagnosis or age limit)?
3. Exclusions on the setting where therapy takes place? Services will be rendered IN THE HOME/MOBILE services. Therapy Corps is a mobile practice, NOT a home health company.
4. What date does the plan year begin and end and is there a visit limit? ex: 20 visits/year?
5. Is Therapy Corps, PLLC currently a network provider for my plan? If not, what are my out of network benefits?
6. Is precertification/pre-authorization needed?
7. Do I have a deductible for these services? If the answer is YES, how much is the deductible and how much of my deductible has been met to date?
8. Do I have a co-pay for each visit or is there a percentage of coverage that will be out of pocket?
9. Are there exclusions to the policy for teletherapy services for speech therapy?

NPI # 1376766758 ♦ TAX ID # 81-5349046 ♦ TEXAS LICENSE # 102611  
FAX number: 844.364.0163