



Insurance Information

Strides Occupational Therapy Services, Inc. is an out-of network provider of occupational therapy services. It is strongly advised that you contact your insurance company **PRIOR** to starting services to determine the potential for reimbursements and the documentation needed to get services approved. **The more proactive you are in obtaining all forms and information that may potentially be requested, the better chance you have for obtaining coverage and appealing denials. Please submit a copy of the front and back of your insurance card with this form.**

Are you planning to submit for reimbursement to your health insurance company? YES or NO

Insurance Carrier: _____

Member name: _____ Date of Birth of Member: _____

Member ID number: _____ Group ID Number: _____

Type of Insurance: HMO PPO Phone number for insurance liaison: _____

Name, address, and telephone number of referring diagnosing physician

Any established diagnosis (if known): _____

Please ask your insurance company the following questions prior to starting services:

1) Is Preauthorization required for an evaluation? YES NO 2) Is Preauthorization required for services? YES NO

** If Voluntary Preauthorization for Out-of-Network-- You will need to request this or risk denial

3) Is there a preauthorization form my provider needs to complete? If so, have them send you a copy of the form.

4) Are the following ICD-10 diagnosis codes covered for Occupational Therapy Services: F84.0; F84.9; M62.81; R27.8; R63.3; R29.3, G96.9, F82; H832X9; R26.9

5) Are the following treatment codes (CPT Codes) covered (Circle if yes)? 97110, 97112, 97530, 97535, 92526

6) Is there a cap on reimbursement per unit and/or can there be more than one unit of a code per visit? _____

7) What is the cap on OT services allowed per calendar year? _____ or lifetime per diagnosis? _____

8) Does your insurance require progress reports/requests for additional sessions? _____

9) Does your insurance require a progress note for EACH date of service? YES NO

10) Does your insurance require progress report for approval of additional sessions? YES NO

11) Where should documentation be faxed/sent? _____

12) Does your insurance cover autism spectrum diagnoses, if applicable? YES NO

13) What is the coverage for out-of-network providers?

14) What is the process for obtaining an In-Network Exception? (where there is not an OT provider in-network within a certain radius)