

Dear Parents,

It has been recommended based on the findings of the evaluation that your child would benefit from ongoing (occupational/physical/speech therapy) services. Please contact your insurance company and ask the following:

- **BENEFITS:** Do I have benefits for outpatient occupational/physical/speech therapy services? It is very important that you ask about **outpatient** services because sometimes there is a deductible to meet before coverage begins.
- **TAX ID:** Provider is St. John's Mercy Medical Center (tax ID # 43-0653493).
- **DIAGNOSIS:** Once you find out if you have benefits, you will then need to know your child's diagnosis. If you are not sure please ask the therapist recommending the services. It is very important to give this information when you check your benefits. The diagnosis falls into one of the following categories:

MEDICALLY NECESSARY DUE TO AN ILLNES OR INJURY- (ex. are vocal nodules, trauma, rehabilitation after surgery etc.)

DEVELOPMENTAL- (most cases are developmental in nature which means that there is a delay without a documented medical diagnosis)

**MANY INSURANCES DO NOT PROVIDE SERVICES FOR DEVELOPMENTAL DELAY.** Unfortunately if you don't ask they may not give you this information.

If this is the situation with your child, then the diagnosis would be developmental delay in the specific area that the therapist tells you.

- **If the insurance tells you that "yes" you do have coverage for your child's diagnosis no matter it is,** you must ask 2 questions:
  1. "Do I need preauthorization or a referral"?
  2. "Do I have limits on my visits per year or a lifetime max for therapy?"Again, if you don't ask they may not tell. We would like to know if you need preauth or only get 20 or 30, etc. visits per year so that we may help obtain the auth and/or keep track of your child's visits so that we can let you know when you are reaching your max.
- **If the insurance tells you "no" you do not have benefits for therapy services with a diagnosis of developmental delay or any other diagnosis.** St. John's Mercy gives a 25% discount to uninsured families. This means you would be billed at \$180.00/hour, with 25% discount. That is an out of pocket of \$135.00/hour. The Child Development Center offers a scholarship program which you can apply for to help offset the cost of therapy services by \$45.00/hour, which could make your final out of

pocket \$90.00/hour. If this is something that you are interested in then we would be happy to provide you with the scholarship information for you to fill out and return, and to schedule your child for therapy services.

- There is also the possibility that your insurance company may not be able to tell you if you have benefits for your child's diagnosis. They may tell you that the bill needs to be submitted before determination can be made. If you decide that you will pay for your child's services whether insurance covers or not, we will be happy to submit charges, if possible, to the insurance company to see if they cover. The only way this is not possible is if your insurance requires prior authorization and we cannot obtain this. If charges are denied then we can revert to the above statement regarding uninsured and scholarship assistance. If you need to know for sure that your insurance will or will not cover therapy services and are not interested in the uninsured and scholarship assistance, then we can do a **predetermination of benefits** for you. This entails us sending a copy of the evaluation to your insurance company's predetermination department for review. This process can take 30-90 days. At which time the member will receive a letter in the mail with the response. If the response is positive and it is determined that therapy services are covered and you wish to schedule therapy, please contact our office and we will assist you in this process. If the response is no, then it is your decision as to what to do next.