Capable Kids of the North Shore

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**QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:**

Your Primary Insurance is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Services Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who you spoke to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Verify with your insurance company if there would be coverage for the services your child needs: Occupational therapy CPT Code 97530

2. Do I have a co-payment or is there a percentage of the bill I will be responsible for?

3. Does my plan require a deductible be paid for the calendar year before the coverage begins?

4. Does my child have an out-of- pocket maximum that I pay per calendar year?

5. Does my insurance plan cover only a limited number of sessions for each calendar year?

6. Is there a requirement that I get a prior authorization and/or a referral before I see a clinician? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, who do I contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_