



"Unlocking Your Child's Journey to Independence"™

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Insurance Coverage for Speech/Language Therapy

Like many area private clinics, Dower and Associates, Inc. does not accept or file insurance for our clients. This is due to a number of factors including the resources that are required to navigate the complex rules regarding the appropriateness of therapy, the number of reports required and the difficulty in negotiating the maze of insurance procedures. This is further complicated by the long waiting period required for the insurance company to remit payment (usually 90 to 120 days). In addition, many insurance companies will not allow the clinic to collect the balance from the client.

Since the client is responsible for managing their insurance provider, Dower and Associates, Inc. asks for direct remittance to the practice under your payment contract terms. At the end of each month Dower and Associates, Inc. provides a detailed invoice that includes the information that most insurance companies require for submitting a claim. Dower and Associates, Inc. will also help the client with assistance providing whatever the insurance company requires, e.g. reports, therapy insurance codes, and so forth, which is billed at the speech/language pathologist's hourly rate.

Limitation of Insurance Coverage

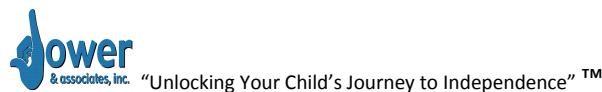
Unfortunately, it is our experience that insurance companies' coverage for treatment of speech and language deficits is limited. Approximately 30% of our clients are able to file for reimbursement for our services.

When treatment is covered, it is very important to follow the provider's requirements carefully. The number one task for parents is to understand their specific policy and what is included or excluded with regard to speech and language treatment. To help with this, we have developed a short insurance benefits worksheet located on the next page to help our families determine what their benefits cover.

****This is not a guarantee of coverage. Please check with your insurance to determine benefit coverage.***

A Helpful Web Site:

"Understanding Health Insurance" (<http://www.asha.org/public/coverage/>) from the American Speech-Language-Hearing Association (ASHA)



* Speech/Language Evaluations and Therapy * Academic & Remedial Tutoring * Educational Consultations * IEP Development & Consultations *
* Autism Home/School Programs- Specialty: Applied Behavior Analysis (ABA) with Verbal Behavior Emphasis *

Health Insurance Benefits Worksheet

When you obtain the services of Dower and Associates, Inc., you are responsible for finding out what your health insurance benefits are, filing your claims and verifying that your health insurance carrier will cover those services you receive from us. You are responsible for payment for all services provided as outlined in your payment contract, regardless of insurance payment/authorization status.

QUESTIONS TO ASK YOUR INSURANCE CARRIER BEFORE YOUR APPOINTMENT:

Your Primary Insurance is: _____ Secondary: _____
Member #: _____ ID#: _____
Member Services Phone #: _____
Date You Called: _____ To Whom Did You Speak: _____

1. *Verify with your insurance company if there would be coverage for speech/language services that your child needs:*

YES NO *If there is coverage, are there any exclusions?* _____

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

YES NO *If YES, how much?* _____

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

YES NO *What is the dollar amount?* _____

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

YES NO *If YES, how much?* _____

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

YES NO *If YES, how many?* _____ **How does your insurance company operationally define a 'session'?** **Per Session (regardless of length) Per Unit? Per ½ hour? Per Hour?**

6. *Is there a requirement that I get a prior authorization, a referral and/or a physician's prescription before my child sees a speech/language pathologist?*

YES NO *If yes, who do I contact?* _____

Phone Number: _____

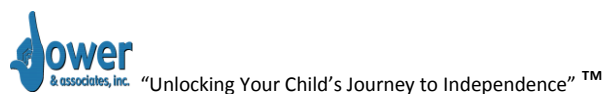
I have verified the above information and understand that I am responsible for full payment of all charges as invoiced, regardless of insurance benefits available to my child through my insurance company.

Please sign below and return this form along with your completed paperwork.

Client: _____

Parent/Guardian Signature: _____

Date: _____



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