Associated Speech & Language Specialists, LLC

Shoreview
Phone 651-639-0942
Fax 651-639-1718

Maplewood
Phone 651-773-3208
Fax 651-783-5612

St. Paul
Phone 651-225-4558
Fax 651-225-9474

Plymouth
Phone 763-551-3652
Fax 763-551-1334

INSURANCE BENEFIT WORKSHEET

Name of the representative you spoke with: _____
Reference number for call: _____
Date you called: _____

1. Is Associated Speech & Language Specialists, LLC "In-Network" or an "Out-Of-Network" provider for me? **In-Network** **Out-of-Network**

2. Does my policy have coverage for Habilitative (speech, occupational, or physical) therapy?
   Yes **No**

3. Are there any exclusions (such as developmental delay, phonological disorder)? **Yes** **No**
   If yes, what are the exclusions: _____

4. Does my policy require a referral/order from my physician? **Yes** **No**

5. Does my plan require prior authorization? **Yes** **No**

6. Is there a visit limit? **Yes** **No** How many visits are allowed? _____

7. Is it a hard limit? **Yes** **No**

8. Is the visit limit per calendar year or plan year? **Calendar Yr._____** **Plan Yr. _____**

9. If there is a visit limit, is it shared between multiple therapies (i.e. PT/OT/ST)? **Yes** **No**

10. Do I have a co-pay per visit? **Yes** **No** How much? _____

11. Do I have a co-insurance? **Yes** **No**
    What percentage of the visit charges will I be responsible for? _____

12. How much is my out of pocket max? _____
    How much has been satisfied this year? _____

13. What is my deductible and how much has been satisfied so for this year? _____

Revised: 9/6/12, 9/16/14, 12/14/17