



Tremonton, UT
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Insurance Checklist for Parent(s)/Legal Guardian/Client

My child/family member needs to be evaluated by a speech-language pathologist. What do I need to do to determine if they meet requirements for coverage? There are two areas to be concerned about in pursuing coverage of services –

1. Policy coverage and limitations. Does your policy cover speech-language therapy services (under what conditions) and are there limitations either through deductible or visit limits.
2. Supporting documentation – Even if you have coverage, without supporting documentation, services won't be covered.

Once you know that your child needs an evaluation, call your insurance company and ask them the following question about your insurance policy:

1. **Does my policy cover speech and language therapy for my child? Yes/No**

If the answer is "no" you'll be unable to receive reimbursements from your insurance company. If you have a medical savings plan, those funds can be used to cover evaluation and therapy services.

If the answer is "yes" proceed with the following questions.

2. **Because we are a private pay clinic, you will ask – Do I have out-of-network coverage for speech-language therapy services? Yes/No**
3. **Are there any conditions on what kinds of speech and language disorders are covered? Yes/No**
Sometimes the answer is yes, **only if there has been an accident or illness that caused it**, which means developmental speech and language disorders, such as those we treat, are not covered. If you have a medical savings plan, those funds can be used to cover evaluation and therapy services.
4. **Do I need a referral for services to be covered? Yes/No**
If yes, you will need to ask your doctor to submit a referral for speech and language services with GabGains, LLC in order for services to be covered. If your plan requires a referral and one wasn't filed, you will be responsible for the fee for services.
5. If your plan does cover, **Are there any financial limitations on this coverage, such as the number of visits allowed per year or the percentage covered if out-of-network? Yes/No**
If yes, how many visits/year? ____ Limits range from 20 to unlimited per year.
6. **Have we met the deductible for the whole family for the year? Yes/No**
If no, \$ ____ until met.
7. **Have we met the necessary deductible for this child/family member for the year? Yes/No** If no, \$ ____ until met. You may have separate deductibles for individuals that are different from your family as a whole. Make sure you have met both the whole family deductible and the child's deductible. If you haven't met your deductible you will be responsible for the insurance's allowable amount for the evaluation and any therapy sessions. If you have a medical savings plan, those funds can be used to cover evaluation and therapy services.
8. **Is there an exception to the deduction policy for speech-language therapy services? Yes/No**

If services aren't covered, it is a good idea to communicate with your treating physician but you don't need a prescription. If out-of-network services are covered by insurance, you will call your physician and ask for:

1. **A prescription (doctor's order)** from your child's treating physician. Usually this says, "For evaluation and treatment as needed". This needs to be dated before or on the date of the evaluation. Your physician may require your child to come in for a visit in order to do this, depending on when your last visit was.
2. You **MAY** also need a **referral** from your physician. This needs to be dated before or on the date of the evaluation. Your insurance policy, through the company your insurance policy is with, may or may not require a referral. It just depends on your policy. If your insurance company requires this to reimburse you for evaluation and treatment, this must be completed prior to the evaluation or the insurance company **WILL NOT PAY** and you will **NOT** receive a reimbursement from them.

Options – Your child needs evaluation and treatment but services aren't covered under your plan.

1. Literacy Liftoff provides evaluation and treatment - Use your medical savings plan or cash to cover costs without reimbursement.
2. Public School System - If your child is between the ages of 3-5 years old you can request a free speech and language evaluation through your city or county school district. If your child qualifies, your child can receive services at one of the local public schools in your district.
 - Benefits: It's free. Both the evaluation and therapy are provided at no cost to you.
 - Drawbacks: Public schools use slightly different criteria to identify children for services. If the child's speech and/or language issues don't impact academic performance, your child may not qualify for services.
 - Drawbacks: Therapy may be offered at a lower frequency.
 - Drawbacks: Total time in therapy may be longer (e.g. years) to reach full remediation.

Thank you for letting us help you with this process. We look forward to serving your family!

