



Speech and Language Therapy Occupational Therapy

1327 Kalakaket St
Phone 907-452-4517

Fairbanks, AK 99709
Fax 907-452-4263

As a courtesy to you, Talkabout Inc. will bill your insurance company for services rendered. Since your insurance company will not fully communicate your family's benefits with us, we ask that you contact them directly to gather the information below. Once completed, it will give you an idea of your approximate out of pocket costs (ie: deductible and copay) for services at Talkabout Inc. Errors or incomplete information may result in unexpected charges or large out of pocket costs, which we'd all like to avoid.

If your insurance changes at any time, this form would need to be completed again, as your benefits would most likely change with any new insurance coverage.

QUESTIONS TO ASK YOUR INSURANCE

CHILD'S NAME _____ CHILD'S Date of Birth _____

NAME OF PRIMARY INSURANCE COMPANY: _____

EFFECTIVE DATE COVERAGE BEGAN: _____

SECONDARY INSURANCE COMPANY: _____

EFFECTIVE DATE COVERAGE BEGAN: _____

Is there a benefit for Speech Therapy / Occupational Therapy? Yes No

Please let them know that your child's therapy is NOT considered "restorative" therapy.

Is there a maximum number of visits allowed? Yes No

If so, how many are allowed? _____ per _____ Is there a lifetime cap? Yes No

Is pre-authorization required? Yes No If so, this is something that you would need to obtain, initially.

Is your policy a calendar year (January 1 renewal), or a fiscal year (July 1 renewal), policy? _____

How much is your annual deductible? _____

How much is remaining before you meet your deductible for this year? _____

How much will your copay, per visit, be? _____

PLEASE NOTE:

- If a remainder is owed after your insurance has addressed the claim, you are responsible for the remainder.
- These remainders shall be paid monthly at the front desk, over the phone or via our website (talkaboutinc.com).
- If payment is not received within 30 days of the first monthly appointment, services may be suspended until payment has been received.
- PLEASE DISCUSS WITH THE OFFICE ADMINISTRATOR ANY EXTENUATING CIRCUMSTANCES THAT WOULD PREVENT YOU FROM PAYING.
- Please understand that therapists are only paid if they perform therapy with a client.
- If your child is not able to attend their appointment, please let us know as soon as possible. This courtesy helps the therapist arrange their schedule accordingly. We understand that life happens and will extend the same courtesy to you if we need to cancel your child's appointment.

Signature of Person Completing Form

Printed Name of Person Completing Form

Date: