

OCCUPATIONAL THERAPY CONNECTIONS

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Insurance Reimbursement Information

Please note the following information as you work with your insurance company. We will be glad to talk with you about any questions that you might have.

- ✓ Occupational Therapy Connections is typically considered out of network. Sometimes your insurance company may consider in network benefits if there's not a pediatric occupational therapy specialist within a certain proximity.
- ✓ You may have a deductible that needs to be met (paid by you) before there is reimbursement for therapy services. Your insurance company may have a separate out of network deductible that you must meet before they pay for out of network therapy. **Our clinic does accept HSA cards for payment.**
- ✓ Your insurance company may cover occupational therapy only for certain situations. They may only cover therapy after an illness, accident, or surgery.
- ✓ In Indiana a referral is required for occupational therapy from a doctor, psychologist, or nurse practitioner. Our clinic will get the referral unless you prefer to. A referral must state: Occupational therapy evaluation and treatment.
- ✓ We will provide you with a superbill payment receipt that may be submitted to insurance if you wish. Please contact the insurance company to determine if there is a claim form that must also be completed and submitted with each claim. If so, our clinic will be glad to assist with the claim form completion. You will be responsible for submitting the claims to your insurance company.

Questions for Your Insurance Company

1. Is there an insurance deductible that still needs to be met?
If so, what is the remaining deductible amount? Is there a different deductible for out of network?
(If there is a remaining deductible, you will first need to pay the deductible before insurance will reimburse for therapy fees, even at an in-network Occupational Therapy clinic.)
2. Does your insurance policy cover outpatient Occupational Therapy or have restrictions (only restorative after illness or accident, etc.)?
3. Does the insurance policy require a major medical diagnosis for Occupational Therapy services to be considered a covered benefit? If so, what type of diagnoses qualify (for some insurance companies diagnoses such as ADHD do not qualify for Occupational Therapy coverage.)
4. Does your policy require a pre-authorization of services before it will cover Occupational Therapy services?
If so, what is involved in getting the pre-authorization?
5. How many Occupational Therapy sessions are covered per year? Is this number combined with other therapy like Physical Therapy or Speech Therapy?