

# Insurance Information Sheet

**Insurance Carrier:** \_\_\_\_\_

What type of plan do I have? HMO PPO POS other \_\_\_\_\_

Today's date, # I called and name of person providing information: \_\_\_\_\_

**Does my plan cover Applied Behavioral Analysis (ABA) therapy?** \_\_\_\_\_

**If so, what date do benefits start?** \_\_\_\_\_

**Does my plan cover the following diagnosis codes and CPT codes?**

Autism diagnosis code: **299.00** \_\_\_\_\_

PDD-NOS diagnosis code: **299.80** \_\_\_\_\_

CPT codes: **90808, 90806** \_\_\_\_\_

Who do I or my provider contact for pre-authorization? \_\_\_\_\_

Phone #: \_\_\_\_\_

Where do I or my provider send bills? \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are my co-payments/co-insurance/deductibles? \_\_\_\_\_

Do I have an out-of-pocket maximum per calendar year? \_\_\_\_\_

If so, what is it? \_\_\_\_\_

If I do have ABA benefits, do I have to use a specific Behavioral Therapy provider? \_\_\_\_\_

If so, who is on the list/where can I get the list? \_\_\_\_\_

Where can I get the Benefit Summary for my plan (if I don't have one)? \_\_\_\_\_



# Insurance Information Sheet

Client Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

DOB of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Co-pay: \_\_\_\_\_

Deductible: \_\_\_\_\_

Coinsurance: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

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