

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)? _____