

# childneuropsychology pc

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2223 NE 47th Avenue  
Portland, OR 97213  
www.childneuropsychologypc.com

## Insurance Benefits Worksheet

This sheet is intended to assist you in verifying your insurance benefits for our services. There are several things you will want to have ready before calling your insurance company, such as:

Client: \_\_\_\_\_ Insured's Name: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Plan or group # \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
Phone \_\_\_\_\_

When you get your insurance company on the phone tell them that you would like to verify the benefits regarding **outpatient diagnostic testing**, under **major medical coverage**.

We would like to remind you that we do not accept third party payments, and you are responsible for meeting our full obligation with respect to our fees. We will, however, assist you in any legal and appropriate manner in the preparation of your insurance claims, including engaging in written correspondence with your insurance company after we have seen your child. In order for us to release any information of a personal or diagnostic nature we require that you complete and sign an Authorization for Release of Information for Insurance Purposes. (NOTE: It is the policy of Child Neuropsychology PC to **never** release office notes).

Once you are connected with the person who can look up your policy ask for and write down the following:

Date of call \_\_\_\_\_ Person(s) you are speaking with \_\_\_\_\_

**What are the benefits for:**

A **neuro-diagnostic evaluation** with a medical diagnosis?

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Are there any limitations on the number of hours per day, the number of visits per week, or the number of visits per month. If so, what are they?

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Is this policy a PPO?       Yes       No

If your policy is a PPO then:

Verify that you have out of network benefits:

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If you have out of network benefits do you need a physician's referral?       Yes       No

Does your plan require **PRE - AUTHORIZATION**?       Yes       No

**If so, pre-authorization must take place prior to the first visit with Child Neuropsychology PC and it can take 2-4 weeks to complete.**

**If yes, what is necessary to meet pre-authorization requirements:**

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If they ask you about a **CPT code** (procedure code), ask them if they cover:

**96118**       Yes     No

What % of doctor's fees \_\_\_\_\_

Where should you mail your claim?

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Any additional notes:

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