

Achievement Therapy Center is a *private pay provider*. As such, we do not accept any insurance. However, that does not mean your insurance company won't cover our services. It only means you will need to submit the claims on your own.

Here are some guidelines on how to submit your own claims to your insurance company:



Contact member services for your insurance company (the number is located on your insurance card) and ask the following 5 questions:

1. Do I have Out of Network benefits?

Achievement Therapy Center is considered an Out of Network provider

2. What is the reimbursement ratio for Out of Network providers?

(70/30, 60/40, 50/50, 80/20, etc.) Please keep in mind that the reimbursement amount is based on what the insurance company deems “reasonable and customary.” As such, they may not allow the full amount charged per visit. Your percentage of reimbursement will be based on the reasonable and customary amount. Additionally, you will need to meet your deductible before any moneys are reimbursed to you.

3. Do I have coverage for Occupational Therapy?

4. If yes, are there are any limitations?

- * Annual monetary maximum (i.e. \$2500 maximum limit payable for the year)
- * Annual visit maximum (i.e. 60 visits allowed per year)
- * If there is an annual visit maximum, ask if occupational therapy visits are rolled in with speech therapy and physical therapy toward the maximum number of visits. (20 OT, 20 speech, and 20 PT would be maximum for the year if all rolled in to one designation)

5. Do I have to have a prior authorization for Occupational Therapy?

We will assist you in obtaining this if required.



- **Submit your claim to your insurance company.**

Send our “PAID” invoice to your insurance at the claims address listed on your insurance card.

Make sure to include a note with your member number and that *“charges have been paid by member. Please reimburse member.”*

If you have a prior authorization number, be sure to include the number on your invoice. Our invoice will have all the appropriate coding information as well as our facility information so the insurance company can process your claim.

- **Document the date that you sent your claim and call your insurance company (ask for the claims department) approximately one week from that date to ensure they have received it.**

Ask them to tell you the date they received your claim.

The insurance company has 30 days to pay or deny your claim.

If you have received no correspondence in 30 days, contact your insurance company again to obtain status on the processing of your claim.

Once your claim is processed, you should receive an explanation of benefits (EOB) detailing what the allowed amount of the charge was, the amount applied toward the deductible, the amount not covered, and the amount paid.

It is very important that you document dates of when you called and names of with whom you spoke.

Should your insurance company require any documentation, please have them contact *Achievement Therapy Center* in writing.

Date	Person talked to	Comments
