

**MAINELY KIDZ PT**

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**Benefits Questionnaire-This form is for your personal use when you verify benefits**

Therapy services are not necessarily covered in the same way that traditional medical services are covered by your insurer. Therefore, we have prepared an easy list of questions to ask when calling to verify benefits. Below is an informational form with the correct questions to ask regarding your individual therapy coverage and a place to record that information. Mainely Kidz PT highly encourages families to contact their insurer(s) to obtain this information prior to their initial visit:

Name of Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employee: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Employee date of birth: \_\_\_\_\_  
Subscribers SS# or ID#: \_\_\_\_\_  
Group #: \_\_\_\_\_

Please record the name of the representative you speak with: \_\_\_\_\_  
Date of call: \_\_\_\_\_

After giving the above information to your insurance representative please ask:

Do I have outpatient PT/OT/ST coverage? Yes No  
If yes:  
Lifetime Maximum? \_\_\_\_\_  
Paid at what percentage? \_\_\_\_\_  
Is there a deductible? \_\_\_\_\_ If yes, amount? \_\_\_\_\_  
Is the deductible based on a calendar year or plan year? \_\_\_\_\_  
Have I met any of the deductible to date? \_\_\_\_\_ If yes, amount? \_\_\_\_\_  
Effective date of policy? \_\_\_\_\_  
Do I have a copay? \_\_\_\_\_ If yes, amount? \_\_\_\_\_  
Do I have a visit limit? \_\_\_\_\_  
If yes, how many visits have I used to date? \_\_\_\_\_  
Is my visit limit combined with any other benefit(s)? \_\_\_\_\_  
Is a referral required for these services? \_\_\_\_\_  
Is an authorization required for these services? \_\_\_\_\_

**\*Please keep for your records.**

Thank you