Sari Ann Lewis, OTR/L, RCST®
14362 N. Frank Lloyd Wright Blvd. Unit 1105
Scottsdale, AZ 85260

Phone (480) 206-6592 Fax (480) 451-1352

Insurance Verification

With insurance card available, contact customer service with the following information:

- Name of Policy Holder, Policy/Group/Subscriber #'s, Social Security and Birth date of Policy Holder and Patient

- Name of person verifying coverage at ins. Company: _____

- Details of Policy: Out of Network benefits for Outpatient Occupational Therapy: **Yes/No.**

If No, is there an appeals process for therapy services not available within the network?

If Yes, What is the Out of Network Deductible and amount met?

_____

What is % coverage after deductible is met? _____

What is the maximum Out of Pocket Expense for patient? _____

Is there a limitation on # of visits, $ per visit or $ limit per year?
_____

Is a prescription required? _____

Is pre-certification required? _____

*Primary physician's office will have to do pre-cert., if needed.
Any other information that might be helpful?