

LEADING THERAPY HOME'S OUT-OF-NETWORK INSURANCE REIMBURSEMENT GUIDE

At this time, Leading Therapy Home is in-network with Blue Cross Blue Shield, Harvard Pilgrim Health Care, UnitedHealthcare-Harvard Pilgrim Alliance and Allways Health Partners. However, this does not guarantee your services will be covered by your specific plan. If we are not in network with your insurance provider, this document is intended to guide you in determining your out-of-network reimbursement benefits. In some cases, the full cost of the service is reimbursed, so we do recommend going through the steps below to understand your plan's benefits.

If we are out-of-network with your insurance, we do not submit any claims on your behalf. We will provide you with monthly superbills for you to submit to your insurance. We also cannot guarantee you will receive reimbursement for Leading Therapy Home's services. Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Per our financial policy, payment in full is due at each visit.

HOW TO CHECK YOUR OUT-OF-NETWORK COVERAGE AND POSSIBLE OUT-OF-NETWORK BENEFITS:

Plan for 15-30 minutes of your time available to call your insurance company. Make sure to have this information ready before your call:

- Insurance card
- Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for
- Pen and paper/notepad

OUT-OF-NETWORK BENEFITS:

The representative of your insurance carrier may ask for the following information:

- Practice Name: Leading Therapy Home
- NPI Number: 1952857799
- Mailing Address: 61 Laurie Lane, Hanover MA 02339
- Phone: 781-499-2142
- Fax: 781-826-3970
- Email: info@leadingtherapyhome.com

INFORMATION TO DOCUMENT:

- Name of Customer Service Representative
- Date of call
- Time of call

QUESTIONS TO ASK:

- Does your plan include “out-of-network” coverage for speech and/or occupational therapy?
- Is there an annual deductible for out-of-network speech and/or occupational therapy? If so, how much?
 - How much of my out-of-network deductible has been met?
- Is there a limit on the number of sessions your plan will cover per year?
 - If yes, How many?
- Is there a limit on out of pocket expenses per year?
- What is your co-insurance percentage for speech and/or occupational therapy?
- Does your plan require pre-authorization for speech and/or occupational therapy?
- Does your plan require a referral for speech and/or occupational therapy?
- What is the policy year (i.e. Jan 1 – Dec 31)?
- Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
 - What additional forms do I need to submit when filing my claim?
 - Can I file my claim online or do I need to mail/fax it to you?
 - Do claims need to be filed within a certain timeframe following the service?
 - How long does it take to process my claim?
 - How do I appeal if a claim that is denied?

We understand that insurance can be complicated and we are here to help as best as we can. If you have any further questions or if there’s anything that we can do to help, please do not hesitate to reach out.