We accept most insurances that have in and out-of-network benefits. If you do not have insurance benefits for occupational therapy, please call us at 707-259-1152 to discuss our discount programs. We also have payment plans for patients with high deductibles.

***For accurate information, call the member services toll free number on your card. Make sure you speak to a person, and not the automated system. Please call us at 707-259-1152 after you obtain your benefits information and bring this worksheet to your first/next appointment.***

Name of person you are speaking with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of day: \_\_\_\_\_\_\_\_\_\_\_\_\_

Tracking ID for the call or representative ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much is my deductible for occupational therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much of my deductible has been met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do I have an out of pocket maximum? Yes / No
	1. If yes, amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Amount met/ satisfied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is my co-insurance percentage(20%, 30%, 40%), or $$ co-pay: \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Does my policy require pre-authorization for occupational therapy services? Yes / No
	1. If yes, what is the number for pre-authorization department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many occupational therapy visits do I have? \_\_\_\_\_\_\_\_\_\_\_\_
7. Is there a maximum $$ cap that my plan pays for occupational therapy? Yes/ No
	1. If yes, what is the cap? \_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Has anything been met toward that cap? Yes/ No
			1. If yes, amount: \_\_\_\_\_\_\_\_\_\_\_\_
8. What is the billing address for your insurance?

I understand that I am responsible for obtaining accurate information about my insurance benefits so that California Hand Rehabilitation, Inc., can bill them correctly on my behalf. If the above information is inaccurate, I will be responsible for paying the balance for my visits to California Hand Rehabilitation, Inc. \_\_\_\_\_\_\_\_\_\_ (*initial)*

If you need help or have any questions, please do not hesitate to call us at 707-259-1152.

***We look forward to helping you get the results you desire.***