



KATMAI

EYE AND VISION CENTER

907-334-EYES (3937)

Calling Your Insurance for Neuro Rehabilitation Therapy

FOLLOW THESE DIRECTIONS TO BEST OBTAIN YOUR CORRECT BENEFITS

Diagnosis & codes: _____

1. DOCUMENT WITH WHOM YOU ARE SPEAKING:

- a. Date called: _____
- b. Person you are speaking with: _____
- c. Reference #: _____

2. ASK THE RIGHT QUESTIONS:

What are my outpatient benefits? (CPT Codes 97530,97110)

- If they ask you what it is for, use the verbiage "**NEURO-rehabilitation**".
- If they ask if it is "**vision therapy**", the answer is **NO!** (This falls under a different treatment category and often is not covered.)
- Is the deductible waived for these services? (CIRCLE) YES NO

DOCUMENT:

CO-PAY: \$ _____ Then covered @ _____ % OR
Co-insurance: _____ % covered _____ % patient responsibility
How many visits am I allowed? _____

*Do I need preauthorization for these services? **YES NO*
***If yes, please WHERE should the preauthorization be sent: _____*

3. NOW: What are my benefits for the code CPT 92065 (Orthoptics/Pleoptics):

CO-PAY: \$ _____ Then covered @ _____ % OR
Co-insurance: _____ % covered _____ % patient responsibility

4. NOW: What are my benefits for the code CPT 99213, 99214 (Medical Office Visit)

CO-PAY: \$ _____ Then covered @ _____ % OR
Co-insurance: _____ % covered _____ % patient responsibility

5. FINALLY: Do I have a deductible and how much have I met thus far?

TOTAL DEDUCTIBLE: _____ AMOUNT I HAVE MET: _____

UNDERSTAND THE LIMITATIONS SET FORTH BY YOUR INSURANCE COMPANY:

*Insurance companies will **NOT** give a binding agreement; thus the authorization from **THEM** is **VERBAL ONLY**. Despite a positive verbal agreement, your insurance company may deny payment.*