



A resource to help track your child's progress.

#### INSURANCE INFORMATION

#### Topics Covered In This Section:

- Individualized Family Service Plan Definition
- Healthcare Providers
- Primary Insurance Provider Form
- Secondary Insurance Provider Form
- Additional Insurance Provider Form
- Making Your Insurance Work for You (A Guide for Families)

#### Individualized Family Service Plan

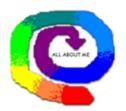
The Individualized Family Service Plan (IFSP) is a written plan for providing early intervention services for your child and family. The plan represents a partnership between your family and the professionals. It is a family centered plan that is based on your child's strengths and needs. Your concerns for your child and family are identified and a plan developed for how those concerns will be addressed. The plan is based on what is most important to you and how you can enhance your ability to help your child. The plan lists outcomes for your child and family and describes the services and coordination that will get to those outcomes. Family members decide what is written on the plan and can veto any input from professionals. The plan can be amended at any time by the family.





# Primary Insurance Provider

Insurance Company:		Policy Number:
Group Number:		Plan Number:
Address:		Phone Number:
		Fax Number:
Contact Person:		Policy Effective Date:
Employer Contact:		
Name of Employer:		
Address of Employer:		Employer Phone:
Deductible:		
	_	
Primary Care Physician:	·	
Address:		Phone Number:





# Primary Insurance Provider: Covered Services

Services	Percent Covered	Co-Pay





# Secondary Insurance Provider

Insurance Company:		Policy Number:
Group Number:		Plan Number:
Address:		Phone Number:
		Fax Number:
Contact Person:		Policy Effective Date:
Employer Contact:		
Name of Employer:		
Address of Employer:		Employer Phone:
Deductible:		
	_	
Primary Care Physician:	·	
Address:		Phone Number:





# Secondary Insurance Provider: Covered Services

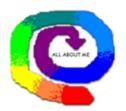
Services	Percent Covered	Co-Pay





# Additional Insurance Provider

Insurance Company:	 Policy Number:	
Group Number:	 Plan Number:	
Address:	Phone Number:	
	Fax Number:	
Contact Person:	Policy Effective Date:	
Employer Contact:	 _	
Name of Employer:	 _	
Address of Employer:	Employer Phone:	
	 _	
Deductible:	_	
Primary Care Physician:	 _	
Address:	Phone Number:	
	 _	





### Additional Insurance Provider: Covered Services

Services	Percent Covered	Co-Pay





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#### INSURANCE INFORMATION

### MAKING YOUR INSURANCE WORK FOR YOU







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#### INSURANCE INFORMATION

This booklet is designed to assist you in learning how to work with your health insurance. We know that this may not be a time that you are interested in thinking about your health insurance and costs, but it is important for you to have a good understanding of your insurance benefits and what they provide for you. Your medical bills are your responsibility. Working on this now may help you get the best use of your insurance benefits and avoid problems in the future. You can learn about your health insurance and make it work for you.

Some of the terms used in this booklet may not be that familiar to you so we have added a glossary in the back. Please refer to this glossary if you need help in understanding some of the terminology.

This booklet is provided to you as a service of the Cleveland Clinic Children's Hospital for Rehabilitation. Our hope is that it will help you organize and better understand your insurance so that you can obtain and fund the services that your child needs. Information from in this booklet comes from staff at Cleveland Clinic Children's Hospital for Rehabilitation as well as from other sources such as the Pediatric Service Coordination Program.





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# INSURANCE INFORMATION GETTING STARTED

#### 1. Find your insurance card

Your insurance card may have information on it that gives your policy number or identification number. The card will have a group number or type of coverage, if appropriate. The card may also list the name of the primary insured as well as all parties insured by this policy.

Your card may also have information related to claims submission, precertification of services and other services such as mental health services. Generally you will find a phone number or address on the card in order to obtain information. Many cards now have web site addresses.

#### 2. Find your insurance booklet

Your insurance booklet will provide information about covered benefits, deductibles, copayments, limits to benefits, medication coverage, etc. It is very important that you become familiar with this booklet as it will help you in the future. If you do not have a booklet contact your employer or the insurance company for a copy.

#### 3. Your Employer

Contact your employee benefits officer to find out everything you can about your insurance coverage. When you have questions about your coverage your employee benefits officer can assist with an explanation. Your employer can be very helpful to you in advocating for services. Employers may be able to negotiate a service that is not normally covered by your insurance, so don't hesitate to contact them.





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#### INSURANCE INFORMATION

Name of Insurance:				
Traditional:	HMO:	PPO:		
Who is my contact pe	N b. a			
	Number:			
If no Case Manager, How can I get one? _	Can I get one?			
Do I have a current of	card?	-		
Policy Number:				
Group Number:			<u> </u>	
Who is covered by m	y policy?			
	verage?			
Proces	s for payment:			
	erage?			
Proces	s for Payment:			
Do I have another Po	olicy?			





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#### INSURANCE INFORMATION

Find out what is covered by your policy. You probably will be responsible for some portion of your bills. Read your policy carefully. The answers to many of the following questions can be found in the written information about your policy. You can also ask the Insurance provider or your employee benefits officer.

What is my deductible?	
Is this per year or per claim?	
Is this for each covered family member?	
What is my co-payment?	
Do I need precertification for services?	
What services need precertification?	
How long before I receive the service must I precertify?	
Who do I call to precertify?	
Phone Number:	
Does my insurance require that I have a Primary Care Physician?	
Who is my Primary Care Physician?	
Address:	
Phone Number:	
Do I need a referral from my Primary Care Physician to see a specialist?	
Is there a list of providers that I need to choose from?	
Do I have the list?	
Where is the list?	





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#### INSURANCE INFORMATION

Coverage			
Home Care:	Number of Visits:		
Private Duty Nursing:	Number of Visits:		
Physical Therapy:	Number of Visits:		
Occupational Therapy:	Number of Visits:		
Speech Therapy:	Number of Visits:		
Respiratory Therapy:	Number of Visits:		
Inpatient Rehabilitation:	Limits:		
Day Hospital/Treatment:	Limits:		
Medical Equipment:			
Rental: Purc	hase:		
	acement:		
Medical Supplies:			
Prescriptions:			
Co-pay Amount:			
Long Term Care: Time	e or Benefit Limit:		
Mental Health Benefits:	Number of Visits:		
Substance Abuse Benefits:	Limits:		
Transportation:			
Air:	Ambulance:		
	Llogo:+alipation		
	Hospitalization		
Covered Hospitals:			
Is there a limit to the number of days?	<del></del> _		
What percentage is covered in network			
What percentage is covered out of network?			
Is there an out of pocket maximum?			
Is there a lifetime maximum?  Does the policy cover pre-existing conditions?			
Are there exclusionary clauses (experimental drugs/treatments)?			
The there exclusionally clauses (experimental arags) if earments)?			
Can I appeal a denial of payment?			
How do I appeal a denial of payment?			





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#### INSURANCE INFORMATION

Urgent Care and Emergency Care	
Who do I call first in an emergency?	
Phone Number:	_
What emergency room can I use?	
Phone Number:	_
Do I need to call before I am treated in an emergency room?	
Who do I call if I receive emergency treatment before I can get approval?	
How soon do I need to call?	
Who do I call on evenings or weekends?	
Do I need to get a visit to Urgent Care approved?	
Who do I call if I need to go to Urgent Care?	
Phone Number:	_
Who do I call on evenings or weekends?	-
What Urgent Care do I use?	
Phone Number:	_
What do I do if I am out of state?	- -

Start a notebook to keep track of your contacts. Make sure you write down all contacts about your bills and insurance questions.

#### Include:

- Name, title and phone number of the person with whom you speak
- Date of time of conversation
- Content of conversation be sure to write down who agrees to do what
- Keep a copy of everything for your files

You may want to keep track of all of your medical appointments and therapy visits in your notebook so that you know how many visits you have used and how many visits you have left.

#### Multiple Insurance Coverage

If you have more than one insurance you are going to need to know which policy is primary. You will know which one is primary by the Birthday Rule. The Birthday Rule determines which coverage is primary. If both members of a couple are insured, the primary insurance responsibility for a dependent's health care costs is the insurer of the spouse whose birthday comes first in the calendar year except for Federal Insurers such as CHAMPUS or Medicaid.

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#### INSURANCE INFORMATION

#### **GLOSSARY**

- **Assigned Benefit** Payment the family tells the insurer to pay directly to the hospital or other medical provider.
- Birthday Rule If both members of a couple are insured, the primary insurance responsibility for a dependent's health care costs is the insurer of the spouse whose birthday comes first in the calendar year except for Federal insurers such as CHAMPUS or Medicaid.
- CAP See Lifetime Maximum
- Case Manager An employee of the insurance company who works with the family and medical providers.

  Case managers work to make the best use of insurance benefits through planning, education and checking costs.
- CHAMPUS A Federal military insurance program
- Claim A request for payment to your health insurance company
- **Co-Insurance** The portion of your medical bills for which you are responsible. For example, if your insurance pays 80% of a service, your co-insurance is the remaining 20%.
- Co-Payment The portion or percent of a given service the individual or family must pay.
- **Deductible** The amount a family/individual must pay each year before insurance coverage begins.
- **HMO (Health Maintenance Organization)** A group of health care providers who provide comprehensive services to enrolled members at a fixed, monthly fee.
- Indemnity See Traditional Insurance.
- **In-Patient Charges** Cost of care given while in the hospital.
- **Lifetime Maximum (CAP)** The maximum dollar amount your insurer will pay. This may be for one illness, for all illnesses, or may be for a certain benefit period or a lifetime.
- Out-Patient Charges Cost of care given in a hospital when not admitted.
- **Precertification** Approval for services from the insurance company or employer that is agreed upon before receiving certain types of health care services.

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#### INSURANCE INFORMATION

- **PPO (Preferred Provider Organization)** A group of doctors, hospitals and/or any medically related service which provides health care at a reduced cost to employers. Incentives are given to use these providers.
- **Primary Care Physician** (HMO and PPO Definition) The physician responsible for managing care and making referrals for an individual.
- **Primary Insurer** When dependents in a family are covered by more than one health insurance policy, this is the one that pays first.
- **Provider** An individual or organization that gives medical care: a physician, hospital, home care company, therapists, etc.
- **Retrospective Review** Review of a claim and/or services after the services have been provided. Medical records are usually required.
- **Second Opinion** Review of a medical plan of treatment by a second physician. May be required by some insurers prior to precertification of a procedure or surgery.
- **Secondary Insurance** A second policy purchased privately or through another family member's employment.
- **Traditional Insurance (Indemnity)** A type of health insurance that pays providers for each service they give.
- UCR (Usual Customary and Reasonable) The maximum allowed for a specific medical service by the insurance company to determine how much the insurance will pay for a service. For example, charges for a test may \$45.00. UCR may be \$38.00. If your insurance pays 80%, they will pay 80% of \$38.00.