



"All About Me" Handbook!

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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	
1	Medical Services
2	Dental Services
3	Pharmacy Services
4	Behavioral Health Services
5	Maternity Services
6	Neonatal Services
7	Obstetrics Services
8	Pediatrics Services
9	Urology Services
10	Cardiology Services
11	Neurology Services
12	Oncology Services
13	Orthopedics Services
14	ENT Services
15	Eye Services
16	Podiatry Services
17	Plastic Surgery Services
18	Transplant Services
19	Immunization Services
20	Preventive Services
21	Diagnostic Services
22	Therapeutic Services
23	Emergency Services
24	Intensive Care Services
25	Specialty Services
26	Consultation Services
27	Referral Services
28	Second Opinion Services
29	Pre-Admission Services
30	Post-Discharge Services
31	Home Care Services
32	Wound Care Services
33	Infusion Services
34	Chemotherapy Services
35	Radiation Therapy Services
36	Genetic Testing Services
37	Organ Transplant Services
38	Stem Cell Transplant Services
39	Transcatheter Aortic Valve Replacement Services
40	Minimally Invasive Surgery Services
41	Robotic Surgery Services
42	Artificial Intelligence Services
43	Telemedicine Services
44	Mobile Health Services
45	Wearable Device Services
46	Digital Health Services
47	Health Data Analytics Services
48	Population Health Services
49	Value-Based Care Services
50	Accountable Care Organization Services
51	Medical Group Services
52	Health System Services
53	Academic Medical Center Services
54	Research Institute Services
55	Biotechnology Services
56	Pharmaceutical Services
57	Medical Device Services
58	Healthcare IT Services
59	Medical Malpractice Insurance Services
60	Healthcare Compliance Services
61	Medical Billing Services
62	Medical Coding Services
63	Medical Records Management Services
64	Medical Research Services
65	Medical Education Services
66	Medical Training Services
67	Medical Simulation Services
68	Medical Device Training Services
69	Medical Device Sales Services
70	Medical Device Distribution Services
71	Medical Device Manufacturing Services
72	Medical Device Design Services
73	Medical Device Testing Services
74	Medical Device Certification Services
75	Medical Device Regulatory Services
76	Medical Device Compliance Services
77	Medical Device Quality Assurance Services
78	Medical Device Quality Control Services
79	Medical Device Quality Improvement Services
80	Medical Device Quality Management Services
81	Medical Device Quality System Services
82	Medical Device Quality Culture Services
83	Medical Device Quality Leadership Services
84	Medical Device Quality Strategy Services
85	Medical Device Quality Implementation Services
86	Medical Device Quality Monitoring Services
87	Medical Device Quality Evaluation Services
88	Medical Device Quality Improvement Services
89	Medical Device Quality Management Services
90	Medical Device Quality System Services
91	Medical Device Quality Culture Services
92	Medical Device Quality Leadership Services
93	Medical Device Quality Strategy Services
94	Medical Device Quality Implementation Services
95	Medical Device Quality Monitoring Services
96	Medical Device Quality Evaluation Services
97	Medical Device Quality Improvement Services
98	Medical Device Quality Management Services
99	Medical Device Quality System Services
100	Medical Device Quality Culture Services

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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	
1	Medical Services
2	Dental Services
3	Pharmacy Services
4	Behavioral Health Services
5	Other Services

[illegible]



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	
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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, co-payments, 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 person? _____

Phone Number: _____

Name of Case Manager: _____

Phone Number: _____

If no Case Manager, Can I get one? _____

How can I get one? _____

Do I have a current card? _____

Policy Number: _____

Group Number: _____

Who is covered by my policy? _____

Do I have Dental Coverage? _____

Process for payment: _____

Do I have Vision Coverage? _____

Process for Payment: _____

Do I have another Policy? _____



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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: _____ Purchase: _____
 Repairs: _____ Replacement: _____
Medical Supplies: _____
Exclusions: _____
Prescriptions: _____
 Co-pay Amount: _____
Long Term Care: _____ Time or Benefit Limit: _____
Mental Health Benefits: _____ Number of Visits: _____
Substance Abuse Benefits: _____ Limits: _____
Transportation: _____ Ground: _____
 Air: _____ Ambulance: _____

Hospitalization

Covered Hospitals: _____

Is there a limit to the number of days? _____
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)? _____

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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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.