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**Family Assisted Insurance Check**

**\*\*\*\*\*Please complete BEFORE your first visit\*\*\*\*\***

**Things to know:**

PS Kids is considered an "OFFICE" (not facility)	Tax ID-43-1856282	NPI-1528188844
PS Kids is IN-NETWORK with most major insurance plans and the local branches		

**Please have your insurance card and this information handy, before you make your call.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insurance Plan and ID/group #: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

**Please call member services on the back of your child's card.:**

Tell them you are calling to check benefits for Occupational, Physical, or Speech Therapy and ask:

**What dates does the plan run (Jan-Dec, or other?): \_\_\_\_\_ Is plan self-funded OR fully insured? (circle one)**

**Annual Deductible:** Individual: \$ \_\_\_\_\_ Family: \$ \_\_\_\_\_ Out of pocket Max: \$ \_\_\_\_\_

**Coinsurance or copay:** \$ \_\_\_\_\_

**What is the visit limit for OT:** \_\_\_\_\_ **PT:** \_\_\_\_\_ **ST:** \_\_\_\_\_

**For all OT/PT/ST:**

Is developmental delay a covered diagnosis (R62.59)? \_\_\_\_\_

Is developmental speech and language delay covered(F80.0, F80.1, F80.2, F80.89) ? \_\_\_\_\_

**If your child has autism (F84.0):** Is there a visit limit with a diagnosis of autism? \_\_\_\_\_

**Are there any other limits or exclusions?:** \_\_\_\_\_

**Is authorization or precertification required for OT, PT or ST?: If yes, circle which one:** OT PT ST

**For Evaluation (circle one):** YES NO **For Ongoing Therapy (circle one):** YES NO

If yes, please get phone #, fax # or address and details of how to obtain authorization and enter in box below. ***If your appointment is today, we need to get authorization at this time.*** Please notify PS Kids immediately if authorization or precertification is required.

**Authorization information:**

**Please ask:** Name of Insurance Rep: \_\_\_\_\_ Reference #: \_\_\_\_\_ Date: \_\_\_\_\_