



2021 Insurance Verification Agreement

At Achieve Pediatric Therapy & Rehab, we strive to provide the highest quality pediatric therapy and we believe that includes working with families and empowering them to understand their insurance benefits. In order for us to continue this quality of service, we are encouraging our Achieve families to do the following:

- Notify Achieve Front Office staff of **ANY** insurance changes **ASAP** (New Plan, Policy #, Insurance Carrier, etc.)
 - There are some insurance policies that require authorization be obtained prior to the start of therapy services or before first visit on new insurance. **Failure to notify the front office of any insurance changes, may result in the visit/s not being covered by insurance and will fall to patient responsibility.**
- **Verify/Keep Track of Your Visit Limits**
 - As a courtesy, we have a system and do our best to track visit limitations. It is also the responsibility of each guarantor/payee to know your therapy visit limitations and to keep track of them. This will help you make financial decisions and be prepared for when therapy visits run out. **Failure to know/track your therapy visit limitations could result in visits past the limit not being covered by insurance and will fall to patient responsibility.**
 - To verify your therapy coverage and visit limitations please call your insurance company's Member Services and ask about therapy benefits and ask "How many visits of OT/PT/ST does my child receive per year." Be sure to clarify if the limit is "per discipline" or "combined".

Please remember that insurance coverage/limits for therapy services is NOT a guarantee of payment. Any therapy visit that takes place at Achieve Pediatric Therapy & Rehab and is not covered by insurance will fall to patient responsibility. We appreciate your partnership in this. Please sign below acknowledging that you have received this information.

I acknowledge that I have reviewed Achieve Pediatric Therapy & Rehab's 2021 Insurance Verification Agreement.

Patient's Name

Guarantor's Signature

Date