# Insurance and Payment Information for

# Occupational Therapy Services

In relation to occupational therapy, OTA The Koomar Center is a "participating provider" of **Harvard Pilgrim (HPHC)** and some **United Health Care** plans under **HPHC (UHC-HP)** -- your card must have a Harvard Pilgrim logo on it. For all other insurance companies, we are an out-of-network provider.

If you have HPHC or HPHC (UHC-HP), you are required by your insurance company to obtain a Letter of Medical Necessity from your primary care physician for your initial service at OTA which may be an evaluation or intervention.

If OTA is a participating provider, we will do an insurance inquiry to determine your eligibility for our services based on your specific insurance plan.

We will request an authorization from HPHC for your desired service and if you/your child receive authorization from HPHC to receive services at OTA, you will pay the applicable co-pay at the time of your visit. HPHC will pay OTA directly under the terms of our contract with them.

We are able to provide a brief abridged evaluation for HPHC. Please note that most HPHC plans have limits on the number of treatment sessions you may receive and the length of time you are allowed to receive services. This is commonly one to three sessions per week for a limited benefit period. HPHC also does not cover additional therapeutic services such as goals and objectives/treatment planning meetings, which we strongly recommend as well as progress reports, meetings, or school visits. However, these services may be purchased on a private-pay hourly fee-for-service basis by signing a waiver. Extensions beyond the first benefit period can be applied for, but are without guarantee of extension.

If you desire to continue OT services at OTA after your HPHC benefit has expired, you may obtain services from us under the terms of our Comprehensive Treatment Plan (CTP). The initial CTP is for a prepaid three-month block of services, any continuing CTPs are for six-month periods. The services are provided on a weekly or twice-per-week basis. You can prepay for the entire three or six months or, provided that you give us a valid credit card number, you can prepay for one month of service at a time. You may terminate the CTP earlier than its expiration date, if necessary.

*OTA is **NOT** a "participating provider" of **Blue Cross/Blue Shield, Medicare/ Medicaid, Mass Health,Commonwealth Care** insurance or any other insurance company and therefore does not receive reimbursement under these insurance programs for occupational therapy services*. Therefore, in order to receive occupational therapy services at OTA, you need to pay privately.

The evaluation received depends upon the need of the client. Intervention services are provided under the terms of our Comprehensive Treatment Plan (CTP). The initial CTP is for a

prepaid three-month block of services, any continuing CTPs are for six month periods. The services are provided on a weekly or twice-weekly basis. You can prepay for the entire three or six months or, provided that you give us a valid credit card number, you can prepay for one month of service at a time. You may terminate the CTP earlier than its expiration date, if necessary.

While we are not providers of BCBS, Medicare/Medicaid, Mass Health, Commonwealth Care or other insurance plans for occupational therapy services, individual plans vary. We strongly encourage you to check with your insurance company about the possibility of receiving reimbursement for services at OTA.

It is important that you tell them the following:

- OTA is NOT a "participating provider" for your insurance;
- OTA is a private practice providing occupational therapy services;
- OTA is NOT affiliated with a hospital or other medical facility; and
- OTA does NOT provide rehabilitation for injuries.

OTA will provide monthly invoices for you to submit to your insurance company if you are seeking reimbursement. *It is your responsibility to understand your coverage and to obtain authorization, if needed, for any out-of-network services.*

**If your insurance company has told you that they will reimburse you for our services, OTA will provide you with appropriate statements that you may use to seek reimbursement.** If your insurance company has declined payment, we suggest that you still initiate sending a bill to your insurance company, since sometimes they will pay the benefit despite the denial. OTA does not bill insurance companies for which they are not providers.

OTA makes no representation about your ability to receive reimbursement from any insurance company. *It is your responsibility to understand your coverage and to obtain authorization, if needed, for any out-of-network services.*

## Your Financial Responsibility

You are responsible for payment for services received if your insurance plan denies coverage. Insurance companies can deny payment for services even after they have authorized visits if they do not think the services are medically necessary. The decision to pay for services is made by the insurance company when the claim is received, and is based upon the insured person's eligibility on the date of services.

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