

Speech Therapy Associates  
12555 SW 3<sup>rd</sup> Street  
Beaverton OR 97005  
Phone: 503-646-0837 FAX: 503-643-5057

Note: This form is to be used to assist individuals in identifying coverage from their insurance carriers. Use of this form does not imply a contract between an individual or group and Speech Therapy Associates. The user understands that this is not a comprehensive list of all questions to ask nor is it a guarantee of coverage. All benefits are contractual between the user and his/her insurance carrier.

### Benefit Quote Form

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of the person you spoke with: \_\_\_\_\_

Insurance effective date: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_ Amount met: \_\_\_\_\_

Co-payment amount: \_\_\_\_\_ Co-insurance: \_\_\_\_\_

Is pre-authorization needed for evaluation? \_\_\_\_\_

Is pre-authorization needed for treatment? \_\_\_\_\_

What are the differences in out-of-network and in-network coverage?

\_\_\_\_\_

Are there any exclusions? \_\_\_\_\_

Notes: \_\_\_\_\_

Possible codes that may be used. Ask if these are excluded from coverage:

Procedure codes: 92506 (Speech and Language Evaluation/Testing)  
92507 (Speech and Language Treatment)  
92610 (Swallowing Evaluation) may include Tongue Thrust  
92526 (Swallowing Treatment)

Diagnosis codes: 315.39 (Articulation Disorder)  
784.5 (Other Speech Disorder)  
524.50 (Dentofacial Functional Abnormality) Tongue Thrust  
787.21 (Oral Phase Dysphagia) Swallowing/Tongue Thrust