

SPEECH THERAPY ASSOCIATES
12555 SW 3RD STREET
BEAVERTON OR 97005
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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