

INSURANCE INFORMATION SHEET

Insurance Carrier: _____

What type of plan do I have: HMO PPO POS other_____

Today's date, number I called and name of who is providing information _____

Does my plan cover HIMAT requirements (does my plan cover Applied Behavioral Analysis therapy)? _____

If so, what date do benefits start? _____

Who do I or my provider contact for pre-authorization? _____
Phone number _____

Where do I or my provider send bills? _____

What are my Copayments/Coinsurance/Deductibles? _____

Are there any age or dollar maximums? _____

Do I have an out-of-pocket maximum per calendar year? _____

If so, what is it? _____

When is my next Open Enrollment Period (group insurance only)? _____

If I do have HIMAT benefits, do I have to use a specific Behavioral Therapy (ABA) provider? _____

If so who is on the list/where can I get the list? _____

Where can I get the Benefit Summary for my plan (if I don't have one)? _____
