



Insurance and Payment Information for Speech and Language Therapy Services

In relation to speech-language therapy, OTA The Koomar Center, formerly OTA-Watertown, is a “participating provider” with **Blue Cross/Blue Shield (BC/BS)**, **Harvard Pilgrim (HPHC)**, and some **United Health Care Plans (UHC/HP)**.

For speech therapy services 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 a speech therapy evaluation or intervention.

OTA usually verifies eligibility and coverage prior to providing service to the member if we are a participating provider for the insurance company. It is the member’s responsibility to contact their insurance company prior to receiving the services. Also, members need to be aware that benefit coverage does not guarantee payment until the actual services are rendered and billed.

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

Most insurance plans have limits on the number of treatment sessions you may receive and the length of time you are allowed to receive services; however your benefit may vary depending on your specific plan. None cover additional therapeutic services such as goals and objectives meetings which we strongly recommend as well as progress reports or school visits; however, these services may be purchased on a private-pay hourly fee-for-service basis

If you desire to continue speech services at OTA after your insurance 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 provider of the standard United Health Care plan, Medicare/ Medicaid, Mass Health, Commonwealth Care or other insurance, and therefore does not receive reimbursement under these program. In order to receive therapy services at OTA under these or any other plans, you need to pay privately for the services

The type of evaluation you receive will depend on the needs of the client. Intervention services are provided under the terms of our Comprehensive Treatment Plan (CTP). The first 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.

While we are not providers of your insurance company, individual plans vary and we 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, and speech and language therapy services;
- OTA is NOT affiliated with a hospital or other medical facility; and
- OTA does NOT provide rehabilitation for injuries.

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 is a Participating Provider for the following Insurances

- Harvard Pilgrim Health Care (HPHC)
- United Health Care-Harvard Pilgrim (UHC-HP) - *(Only the United Health Care card with HPHC logo)*
- Blue Cross/Blue Shield insurance (BC/BS)
- **For all other insurance companies, we are an *out-of-network* provider.**

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.

Updated 01/22/2013