## **Questionnaire for Insurance Company**

1.	Is CCHMC (Cincinnati Children's Hospital Medical Center) considered in network? Is authorization required for inpatient? What is the number to call?
2.	Does the deductible apply to the out of pocket?
3.	What is the deductible and out of pocket for both individual and family?
4.	How much has been met for both deductible and out of pocket for both the individual and family?
5.	Once out of pocket is met, does my plan pay at 100%?
6.	What is the lifetime max for each individual? Do you know how much still remains for my child?
7.	What are the outpatient benefits for both outpatient surgery and major diagnostic procedures (MRI, CT Scan, etc)? Is an authorization required? Is a referral from my child's PCP required?

- 8. What is the co-pay structure for PCP (Primary Care Physician) visits, Specialist visits, ER and urgent care? Does my plan then pay at 100% after co-pay has been paid? Is a referral from the PCP required to see a specialist?
- 9. Provide CPT codes for each service you are receiving (you can receive this information from your CCHMC contact) and ask for benefits on each service so that you understand how plan will cover. Make sure you find out if a referral from your PCP or pre-certification is required in order for the plan to cover the services.

## **Helpful Insurance Terms and Meanings**

- 1. **Pre-Determination** process to consider a service medically necessary to be covered under the plan
- 2. **Prior authorization** prior approval to receive services from a particular facility and be covered under the plan
- 3. **Pre-certification** approval to have specific services covered under the plan
- 4. **Deductible** amount that is parents' responsibility prior to plan paying for any services
- 5. **Co-insurance** percentage that is parents' responsibility to pay for services/insurance is responsible for remaining percentage
- 6. **Out of pocket expenses** maximum amount per year that parents are responsible to pay (deductibles may or may not apply to out of pocket expense)
- 7. **Lifetime max** each person on the plan's lifetime benefit, after this has been met plan will no longer cover person for any services