

Payment and Billing FAQ for All About Speech, Inc.

1. Do you take insurance?

All About Speech, Inc. is a cash-based clinic and does not file claims to insurance companies. Payment in full is collected at time of service and acceptable forms of payment include: checks, credit cards and cash.

2. What are the fees for services?

Please contact the office for a list of fees.

3. Do I need pre-authorization prior to treatment?

If you will be seeking reimbursement from your insurance, your insurance representative can instruct you regarding the preauthorization process for an out of network provider.

4. Do I also need a referral from my doctor?

It is highly recommended to get a referral from your Primary Care Provider (PCP) even if your referral to the office is initially from the Orthodontist. Occasionally, it is necessary to get a referral (i.e. prescription) from your or your child's PCP. Please check with your insurance representative as this can affect your ability to get reimbursed. Please have the referral faxed to the office at (503) 641-0833.

5. Do I file my receipt under dental or medical insurance?

Medical—even if you were referred by your Dentist or Orthodontist.

6. How much will my insurance cover for an out-of-network provider?

Please call your insurance as this varies with each insurance plan.

7. What if my insurance requests additional information to process claims?

In addition to a receipt of payment to submit to your insurance, including the NPI:1740306380, CPT/Procedure Code, and Diagnosis Code, we can provide you with a copy of the initial evaluation report and a copy of chart notes to send to your insurance. Insurance companies may have their own forms and requirements; however, All About Speech does not submit forms on a client's behalf.

8. Who do I contact if I need additional copies of invoices or a payment summary for my records?

Please contact my Office Manager, for all matters concerning payment record needs.

9. What do I need to know when calling my insurance about my coverage for your services so I can get reimbursed?

The following questions are questions you should consider asking as part of understanding your plan's coverage and limitations:

- *How many visits your plan allows per year?*
- *Will your payments to the out-of-network provider go towards your deductible?*
- *Are ANY of these diagnosis codes listed below excluded from coverage and are there any restrictions/ limitations/exclusions/requirements associated with these codes listed below?*

Description	Diagnosis Code
Articulation Disorder	F80.0
Tongue tied	Q38.1
Other congenital malformations of the tongue	Q38.3
Dysphagia oral phase	R13.11
Other lack of coordination	R27.8
Other speech disturbance	R47.89
Other dentofacial functional abnormalities	M26.59