**Insurance Tips**

1. **What can I do if a therapy provider is not in-network with my insurance?**
   1. **File Gap Exception**: this gap exception can be submitted by you or the therapy service provider. It allows your insurance company to approve a specific number of visits at the in-network rate.
      1. Key Tip 1: Ensure that this is filed at least 30-60 days prior to the anticipated start date
      2. Key Tip 2: Ensure you get approval before starting the therapy; otherwise, it will not be paid at that rate
      3. Key Tip 3: Request a reference ID for the gap exception so that you can call and check on status
      4. Key Tip 4: If you file the gap exception, be sure to gather the needed information from the provider prior to calling your insurance company
2. **What happens when I have primary and secondary insurance for a claim**
   1. The claim will first file to your primary insurance provider and then the secondary will pay for the remaining balance
3. **How do I ensure that my child is approved for the max number of visits submitted by his/her therapist**
   1. Work with your therapist to develop achievable goals. Consult with your therapist and emphasize the importance of your child showing on paper demonstrated goals met **not** just progress.
4. **How do I submit to a grant for equipment if I have insurance**
   1. Download a copy of items not covered by insurance and provide to the grant source. This will show that your insurance will not cover this item. This can also be used for waiver programs that a lot a specific amount of funds equipment and services.
5. **Can my child be covered by more than 1 insurance?**
   1. Yes. One will be named primary and the other will be secondary
6. **What is a Waiver Program and why is it important?**
   1. State funded program that allows individuals with disability to get services and funds to help off-set cost to the family. These waiver programs also automatically qualify your child for Medicaid(insurance)