

# Health Insurance Benefits Worksheet

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

If you have any problems or questions regarding your insurance benefits, please promptly contact our staff to allow them time to investigate and address any issues.

**Call the 800 number on your insurance card, speak to a representative, and ask:**

## GENERAL

1. Name of Insurance Representative \_\_\_\_\_ Date of Call \_\_\_\_\_

2. Is the International Center of Limb Lengthening (ICLL) physician I selected a participating provider? \_\_\_\_\_

3. Do I have co-pays or deductibles I must pay? What percentages or amounts am I responsible for?

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4. Do I need a referral or authorization from my primary care physician? Does it authorize Sinai Hospital/Rubin Institute for my office visit, x-rays, procedures, injections and lab work?

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5. Does my insurance cover the ICLL taking my x-rays, or must I have them taken at another facility?

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## HOSPITALIZATION

1. What are my benefits for hospitalization?

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2. Am I responsible for co-pays or deductibles? What percentages or amounts am I responsible for?

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**DURABLE MEDICAL EQUIPMENT (CRUTCHES, WALKERS, WHEELCHAIRS, ETC.)**

1. What are my benefits for durable medical equipment?

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2. Am I responsible for co-pays or deductibles? What percentages or amounts am I responsible for?

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3. Is my insurance contracted with any vendors or durable medical equipment companies in Maryland?  
**If you must use a non-Maryland company, please contact our physical therapy department or the Case Management Department well in advance to discuss your needs.**

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**PHYSICAL THERAPY**

1. What are my physical therapy benefits?

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2. Is my insurance contracted with **Sinai Hospital outpatient physical therapy** \_\_\_\_\_

3. Is my insurance contracted with any **inpatient rehabilitation facilities** in Maryland, such as Sinai inpatient rehabilitation?

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