



Miracle Farm Speech Therapy Insurance and Billing Policy

www.miraclefarmtherapy.com

In order for us to assist you in maximizing your insurance benefits on behalf of your child, we must ask about your insurance coverage up front. When we contractually agree to participate with an insurance company, it requires us to follow specific procedures and guidelines, which may include doing a pre-authorization. Therefore, in order to meet these insurance requirements, we must obtain insurance information before we see a patient. Thank you for your understanding.

Miracle Farm Speech Therapy (MFST) has contractual agreements with the following insurers and will bill your insurance for you:

Allways Health Partners
Aetna
Anthem Blue Cross/Blue Shield (Anthem)
Blue Cross/Blue Shield of Massachusetts (BCBS MA)(BCBS MA HMO Blue)
Cigna
Harvard Pilgrim Healthcare
Optum Health (UHC of New England, NH)
Tufts Health Plan, Inc. (Commercial Plans only)
United Healthcare
NH Well Sense Health Plan
NH Healthy Families
NH Medicaid

NOTE: MFST is NOT a provider for Mass Health or any Massachusetts Health Connector Care Plans.

** Please note that although we are a provider with these insurance carriers, some forms of speech therapy may not be covered under your plan.

Other private insurance plans may require a referral for services. If requested, MFST can aide you in contacting your insurance provider to determine your coverage and in seeking reimbursement if necessary.

We advise that you contact your provider directly, prior to your child's first visit, to determine your plan's coverage (including deductibles and co-payments).

MFST bills clients at the end of each month of service. If your family is covered by an insurance that is not listed above, payment is expected at the end of each month. You will be provided with the billing information to submit to your provider.

The following information must be provided to our billing department in order to bill your insurance:

Name of Insurance: _____

Patient's ID Number: _____

Patient's Name: _____

Patient's Address: _____

Patient's Telephone: _____

Patient's DOB: _____

Insured's (Policy Holder) Name: _____

Insured's (Policy Holder) DOB: _____

Insured's Group #: _____

MFST also accepts credit cards/flex cards/Benny cards (both Visa and Mastercard). The account number, expiration date, 3 digit code from the back of the card and the name on the card is needed to process all credit card payments.

Our goal is to make payment for services as easy as possible for you. Contact Eileen Baker, Business Manager, with any questions that you have. She can be reached at 603-682-4103 or at Eileen@miraclefarmtherapy.com