Your Health Care Plan Review		
Contacts		Phone Numbers
Financial Responsibilities		Amount (\$) / Notes
	Deductible	
	Limits on the dollar amount of coverage	
	Limits on the number of visits	
	Co-insurance	
	Co-payments	
Que	estions to Ask	Notes
	Does my plan allow me to seek out and use the specialists my child needs?  Examples: cardiologist; ear, nose, and throat; neurologist	
	Which hospitals can we use?	
	Does my plan cover the type of medicines my child needs?	
	Examples: medication, medications used to treat cystic fibrosis, grown hormone deficiency, intermittent seizure activity, or pediatric AIDS. Examples of treatments that are typically not covered include homeopathic medication, vitamins and food supplements, O2 therapy, and special diets	
	Does my plan cover the specific procedures and therapies my child needs?	
	Examples: physical therapy, occupational therapy, speech therapy, botox treatments, orthotics, hippotherapy, alternative therapies for autism	
	Does my plan limit the number of times I can collect per year for a certain item or procedure?	
	Does my plan cover assistive technology?	
	Examples: audio books and publications, augmentative communication devices, speech recognition programs, talking calculators, word-prediction programs	
	Does my plan cover durable medical equipment?	
_	Examples: manual or power wheelchair, hospital bed, commode, stander	
	If my child has a long-term condition, are there any limitations to benefits?	
	What is the procedure for appealing a denied claim (the process you go through if you think a benefit should be covered but was denied)?	
	What is the maximum out-of-pocket expense I will be financially responsible for?	