



Patients' extended health care coverage checklist

We recommend that patients understand the following details of their coverage before commencing care with you.

- 1. What are my coverage levels? Is there a maximum per profession, or an overall maximum for a group of professions (e.g. paramedical)?
- 2. Is there a health care spending account (HSA) or personal spending account (PSA) included in my policy? If so, how much is available?
- 3. What are the reasonable and customary fees, or the maximum amount that I can claim per visit?
- 4. Will my claim be subjected to any co-payments or deductibles? If so, how much and how often are they applied? (Note: An insurer usually charges co-payments on a per-product or service basis at each visit. However an insurer generally charges a deductible only once per benefit period.)
- 5. What is my benefit renewal period/date? Do my benefits renew annually on January 1, or at some other interval?
- 6. How much of my coverage have I used so far? How much remains?
- 7. Are my spouse or other family members covered?
- 8. Is virtual care (telehealth) covered? Are there any terms and conditions of coverage that I should be aware of?

Additional questions for orthotics or other assistive devices

- 9. Does my benefits plan cover the product or device [make, model]?
- 10. The cost to the patient for this device is [cost].
 - a. How much of this cost will my plan cover?
 - b. Are there any fees, such as deductibles or co-payments that I should be aware of?
- 11. What are the terms and conditions of coverage that I should be aware of?
- 12. Do I need pre-approval?
- 13. Is a prescription required? Will my prescription expire after a certain time?
- 14. Under my EHC plan, which health care providers can prescribe the product or device?
- 15. Under my EHC plan, which health care providers can dispense the product or device?
- 16. Do I need to submit any other forms, paperwork or documentation to be covered?
- 17. For orthotics: What casting technique is required?

