

How to Guide: Private Health Insurance

How to Apply

Private health insurance can be obtained through employers, direct purchase, or federal programs. While the application steps are similar, forms and requirements may differ by provider.

Assistive technology (AT) may be covered under private health insurance if it is determined to be medically necessary. Coverage varies widely depending on the individual policy, employer plan, and insurance provider. In most cases, individuals must obtain a physician's prescription or letter of medical necessity and submit a claim to their insurance company. If the policy requires pre-authorization, approval must be obtained before purchasing or receiving the device.

1. Employer-Sponsored Insurance

- Most individuals receive insurance coverage through their employer.
- Complete any enrollment forms provided by the employer or human resources department.
- Review plan details carefully—coverage, co-pays, deductibles, exclusions, and policy limits.
- Some employers offer open enrollment periods for new plan selections or changes.

2. Individual or Family Plans

- Research insurance providers that offer coverage in Kansas.
- Compare options using trusted resources like the Kansas Insurance Department's "Health Insurance in Kansas" guide.
- When choosing a plan, consider:
 - Monthly premium costs
 - Deductible and coinsurance amounts
 - What assistive technology or Durable Medical Equipment (DME) is covered
 - Whether preauthorization is required
- Apply directly through the insurer's website, by phone, through a licensed broker, or via an online member portal.
- Complete all application sections accurately to prevent delays or denials.

Information Needed

1. General Application Information

Before submitting your insurance application or claim, prepare the following:

- Proof of identity and residency (e.g., driver's license or state ID)
- Social Security Number
- Employment information, if the plan is employer-sponsored
- Dependents' information, if applicable
- Bank account details for premium payment setup
- A copy of your insurance policy or benefits summary to confirm what is covered or excluded

2. Required Documentation for Assistive Technology Claims

If you are applying for coverage or reimbursement for assistive technology or durable medical equipment (DME), you will need:

- **Physician's prescription or letter of medical necessity** describing how the device improves or maintains a medical condition
- **Supporting documentation** from therapists or other qualified professionals (e.g., physical, occupational, or speech therapy reports)
- **Medical reports** that demonstrate how the equipment improves health, mobility, or independence
- **Vendor quotes or invoices** for the requested equipment, including detailed pricing
- **Completed insurance claim forms or pre-authorization forms**, as required by your plan
- **Insurance policy details** showing coverage for DME or related services
- **Copies of prior authorization requests or approvals**, if applicable
- **A cover letter** summarizing the need for the device and how it fits within policy guidelines

3. Record Keeping and Communication

- **Keep copies** of all documents submitted, including prescriptions, evaluations, and correspondence.
- Maintain a **log of communications** with your insurance company—record the names of representatives, dates of contact, and details of each discussion.
- If any verbal commitments or approvals are made, **follow up in writing** to confirm them.

Helpful Tips

Before You Apply

- **Review your insurance policy carefully** to understand what is covered, excluded, or requires preauthorization.
- **Confirm coverage for Durable Medical Equipment (DME)** and determine whether assistive technology falls under this category.
- **Obtain prior approval** before purchasing high-cost or customized equipment to avoid unexpected denials.
- **Compare plans and costs** if choosing private insurance—consider premiums, deductibles, and out-of-pocket expenses.

When Requesting Assistive Technology

- **Clearly document medical necessity.** Focus on how the equipment prevents further injury, supports recovery, or improves essential daily functioning.
- **Use clinical and measurable language.** Ask your healthcare provider or therapist to include specific outcomes or justifications that demonstrate medical need.
- **Involve professionals early.** Physicians, therapists, vendors, or rehabilitation specialists often have valuable experience navigating insurance claims and can help prepare strong documentation.
- **Confirm pre-authorization requirements.** Always verify with your insurance company before purchasing or receiving equipment.
- **Emphasize necessity, not convenience.** Insurers are more likely to approve equipment tied directly to medical improvement or prevention of decline.
- **Keep detailed records.** Document every submission, approval, and communication with your insurer. Written records are crucial if you need to file an appeal.

Other Helpful Insights

- **Track your coverage.** Policy limits or lifetime caps may restrict the total benefits available for assistive technology.
- **Understand equipment ownership.** Some insurance companies may choose to rent rather than purchase expensive equipment, depending on cost and policy terms.
- **Use expert support.** Therapists, vendors, and rehabilitation specialists often have experience navigating insurance systems—use their expertise.

- **Stay proactive.** Follow up with your insurance provider if you haven't received a response within 30 days. Keep a record of all phone calls, emails, and letters, including names, dates, and discussion points.
- **Access state resources.** The **Kansas Insurance Department** offers consumer support and publishes *Health Insurance in Kansas*, a free guide to understanding insurance coverage and resolving disputes.