

Insurance Coverage Worksheet

In order to determine your coverage for services, contact your insurance company at the phone number listed on your insurance card. Be sure the representative is telling you about your mental health (sometimes called behavioral health) benefit, not your medical benefit. If there's a specific number for mental health benefit information on the back of your card, use that.

Insurance Co: _____ Date(s) of Call(s): _____

Phone # Called: _____ Policy #: _____

Have the following information ready before you call:

Name of Primary Policy Holder: _____ Date of Birth: _____

Client's Name: _____ Date of Birth: _____

"I am calling to check my outpatient mental health benefits for an out-of-network provider."

1. Does my plan have a benefit for out-of-network providers? Yes No *If 'Yes', go to #2, if 'No', services won't be reimbursed.*

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- a. What's the annual deductible for out-of-network services? _____
 - b. Is this a separate deductible from my deductible for in-network services? Yes No
 - c. Has the out-of-network deductible been met? Yes No If not, how much is left? _____
 - d. When does the deductible renew each year? January 1 Other: _____

3. After the deductible is met, how much does my plan pay? _____ Can you tell me the allowed amount? Yes No
- a. Allowed amount for procedure code 90791 (initial assessment)? _____ (sometimes they can't tell you)
 - b. Allowed amount for procedure code 90834 (individual therapy)? _____
 - c. Allowed amount for procedure code 96102 (psychological testing)? _____
 - d. Is there any special authorization needed for testing? Yes No

4. What's the procedure to be reimbursed for using my out-of-network benefits?
- a. Is a specific claim form required or is an itemized superbill sufficient? Claim form + superbill superbill only okay
 - b. Where should the claim/superbill be sent? _____
 - c. How long after the services do I have to submit the claim for reimbursement? _____
 - d. Can Dr. Forsyth be paid directly if she submits a claim on my behalf? Yes No

5. Are the benefits and/or number of sessions covered different depending on the problem being treated? Yes No
- a. If Yes: # of sessions allowed for "serious" conditions _____ for "non-serious conditions" _____
 - b. Copay amount/percentage for "serious" conditions _____ for "non-serious conditions" _____

6. Do I need an authorization for mental health services? Yes No
- a. (If #5 is Yes) What is the authorization number? _____
 - b. (If you have an authorization #) How many sessions are authorized to start? _____
 - c. What is the start and end dates of the authorized sessions? Start _____ End _____
 - d. What is the maximum number of sessions I can be authorized to use? _____