

### Insurance Coverage Worksheet

In order to determine what insurance benefits you have available, you must contact your insurance company at the phone number listed on your insurance card. Ask the following questions, filling in the answers on this worksheet as you go along. Be sure the representative is telling you about your mental health (sometimes called behavioral health) benefit, not medical. **I cannot submit a claim to your insurance company without having the worksheet filled out completely. It is your responsibility to pay for any outstanding balance.**

Note: Psychological services and therapy are processes where I am legally and ethically bound to protect the privacy of your information. However, if you file for insurance benefits or reimbursement, please be aware that I cannot assure the confidentiality of your personal information once it leaves my office.

Insurance Co: \_\_\_\_\_ Date(s) of Call(s): \_\_\_\_\_  
Phone # Called: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please ask the following questions:**

**“I AM CALLING TO CHECK MY OUTPATIENT PSYCHOTHERAPY BENEFITS.”**

1. Is Dr. Laura Forsyth a provider under my plan? Yes / No
  
2. What is my deductible for her services? (this may be different depending on whether I am in-network or out)  
If there is no deductible, enter “0”): \$ \_\_\_\_\_
  - a. (If #2 is *not* “0”) Has the Deductible been met? Yes / No If no, how much is left? \_\_\_\_\_
  - c. Does the Deductible renew each year? Yes / No When? \_\_\_\_\_
  
3. (If in-network) What is my co-payment (in-network)? \_\_\_\_\_
  
4. (If out-of-network) What does my plan pay? \_\_\_\_\_ What is my share of the cost? \_\_\_\_\_
  - a. What is the allowed amount for procedure code 90791 (initial assessment)? \_\_\_\_\_
  - b. What is the allowed amount for procedure code 90834 (individual therapy)? \_\_\_\_\_
  - c. What is the allowed amount for procedure code 90847 (couples/family therapy)? \_\_\_\_\_
  
5. Are the benefits and/or number of sessions covered different depending on the problem being treated? Yes / No
  - a. If #4 is 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? 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? \_\_\_\_\_