

## Checking Your Insurance

Use the following guideline when calling your insurance company to get information about your out-patient benefits and/or pre-authorization requirements.

1. Have the information below ready before you call your insurance company:
    - a. Name of Insurance Company: \_\_\_\_\_
    - b. *Policy ID and Group #* on the insurance card: \_\_\_\_\_
    - c. The Name of *Patient/Client* & Date of Birth: \_\_\_\_\_
    - d. The Name & Date of Birth of *Policy Holder*: \_\_\_\_\_
  2. Call the Mental Health/Customer Service number on your insurance card (if listed, if not use the main number and follow options for behavioral health) and tell them that you "*need to verify outpatient mental health benefits and get prior authorization for psychotherapy*"
    - a. Phone number called: \_\_\_\_\_
    - b. Person you talked to: \_\_\_\_\_
    - c. Date and time of call: \_\_\_\_\_
  3. Ask the following information:
    - a. What are my out-of-network mental health benefits? \_\_\_\_\_
    - b. Is pre-certification necessary? YES or NO  
*If YES:*
      - i Ask for one (1) 90791 [first session CPT code], **and** nine (9) 90837 [individual therapy 55 minutes], **or** nine (9) 90834 [individual therapy 45 minutes] **or** 90847 [marriage and family therapy], *as appropriate for you.*
      - ii. Number & type of sessions authorized \_\_\_\_\_
      - iii. Authorization number \_\_\_\_\_
      - iv. Date span covered \_\_\_\_\_
    - c. Do I have a deductible for out-of-network mental health services? YES or NO
      - i. *If YES*, how much is it & how much has been met so far? \_\_\_\_\_
    - d. In what month does my policy year begin? \_\_\_\_\_
    - e. What is my co-payment for each visit? \_\_\_\_\_
    - f. What are the restrictions or limitations to my coverage (such as *Reference Based Pricing*)?
      - i. Dollar amount per year/lifetime \_\_\_\_\_
      - ii. Number of visits per year/lifetime? \_\_\_\_\_
      - iii. Is couples or family therapy covered? YES or NO
      - iv. Is psychological or psycho-educational testing covered? YES or NO
        - a) *If YES*, what are the benefits? \_\_\_\_\_
    - g. What are the billing and web addresses for claims? \_\_\_\_\_
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