

# FOR CLIENTS: CHECKING YOUR COVERAGE TO SEE AN OUT-OF-NETWORK THERAPIST

## BEFORE CALLING INSURANCE: INFO TO GET (SOME IS ON YOUR INSURANCE CARD)

1. Insurance I.D. #: \_\_\_\_\_ Group #: \_\_\_\_\_
2. Primary Subscriber on the Insurance: \_\_\_\_\_
3. Your Relationship to Primary Subscriber: \_\_\_\_\_
4. Primary Subscriber's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Subscriber's Employer \_\_\_\_\_
6. Insurance Plan Phone Number (The card may say "Member Services," "MH/SA Benefits," "Behavioral Health", "Mental Health Coverage," "Eligibility and Benefits," or simply "Customer Service"): \_\_\_\_\_

## THE CALL: WHAT TO ASK THE INSURANCE COMPANY

**NOTE YOUR CALL DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **REPRESENTATIVE NAME** \_\_\_\_\_

<p><b>1. I am seeking outpatient mental health via telehealth. Does my plan cover out of network providers for this service? If so, what is the coverage? What is my coinsurance?</b> (this is the percentage of the fee you will have to pay for the services)</p>	
<p><b>2. For telehealth:</b> Is the coverage temporary? If so, until when?</p>	
<p><b>3. What is my Out-of-Network deductible?</b> (The deductible is the amount you must yourself before the plan begins paying at all). You may have a separate deductible for in-network providers and one for out-of-network providers.</p>	
<p><b>4. How much of the out-of-network deductible has been met so far this year?</b></p>	
<p><b>5. (If you know your therapist's fee): My therapist charges \$_____.</b> Is this within the Allowed Amount or UCR (Usual, Customary, and Reasonable Fee) for an Out-of-Network Provider? If not, what is the Allowed Amount? (Some plans may cap the amount they allow, and reimburse based on this, but may not disclose the Allowed Amount)</p>	
<p><b>6. Is my therapist's license covered by your plan?</b></p>	
<p><b>7. Are there any limits to the number of sessions per year?</b></p>	
<p><b>8. When do benefits start and renew</b> (you want to know when your deductible renews)? <b>Is my coverage active?</b></p>	<p><b>Effective:</b> ____/____/____ <b>Renew:</b> ____/____/____</p>
<p><b>9. How do I submit invoices to the plan for reimbursement? Do I need to get a form to attach them to? What is the address where I would send MENTAL HEALTH claims?</b></p>	
<p><b>10. What is the Out-of-pocket Maximum?</b> (The amount you must pay each year before the plan starts paying 100% for health expenses)</p>	
<p><b>11. Is CPT code 90847</b> (couples / family therapy) <b>covered in case I might need this?</b></p>	<p><b>Yes</b> _____ <b>No</b> _____</p>
<p><b>12. Can you give me a Call Reference Number for this call?</b></p>	