

INSURANCE COVERAGE INQUIRY

Definitions:

In-Network Means the therapist has a contract with your specific insurance company and must accept the contracted fee per session, usually with you paying a copay. Therapist files directly with the insurance company.

Out-of-Network Means that the therapist does NOT have a contract with your insurance company. You will have to pay the fee for the session directly to the therapist, file the receipt you will be given with your insurance and receive reimbursement for part of your payment from your insurance company.

(If you have questions or concerns about your privacy and confidentiality, please check the FAQs section that address privacy and confidentiality when using insurance.)

Please contact your insurance company prior to the first session with the following questions:

1. My selected provider is _____
Is she/he currently a network provider under my plan?

2. If YES, In-Network Benefits apply

Is Pre-Authorization required? Yes___No___

How do I request authorization?_____

What is the authorization number?

Is there a DEDUCTIBLE? If yes, How much is it?_____

How much of it has been met?_____

How many visits are approved?_____

Which CPT codes are allowed?

90791 (Initial Evaluation)= Yes___No___

90834 (Individual Therapy 45 min)= Yes___No___

90837 (53-60 Minute session) = Yes___No___

90847 (Family or Couples Therapy)= Yes___No___

3. If NO, Out-of-Network Benefits apply

Is Pre-Authorization required? Yes ___ No ___

How do I request authorization? _____

What is the authorization number? _____

Is there an Out-of-Network DEDUCTIBLE? If yes, how much is it? _____

How much of it has been met? _____

How many visits are approved? _____

Which CPT codes are allowed?

90791 (Initial Evaluation)= Yes ___ No ___

90834 (Individual Therapy 45 min)= Yes ___ No ___

90837 (53-60 Minute session) = Yes ___ No ___

90847 (Family or Couples)= Yes ___ No ___

How much does my plan pay for Out-of-Network visits for the following CPT codes (after the deductible has been met)?

90791=

90834=

90837=

90847=

4. What is the CoPay per session for In-Network Providers?
(For Out-of-Network Providers, you pay the full session fee and are reimbursed by your insurance company.)

90791 (Intake appt)= ___ CoPay for In-Network Providers

90834 (45 min individual session) ___ CoPay for In-Network Providers

90837 (53-60 Minute session) = ___ CoPay for In-Network Providers

90847 (Family or Couple)= _____ CoPay for In-Network Providers

5. What is the Claims mailing address?

CLAIMS ADDRESS=