

Insurance Helper

Please use this form to gather information when calling your insurance company. Be aware:

- It is your responsibility to contact your insurance company and gather the information below and understand your mental health benefits in the beginning and throughout treatment.

- Insurance companies require a clinical mental health diagnosis (ie: anxiety, depression, ect). This will become part of your medical record if you utilize your insurance in any way. You can discuss diagnosis with your therapist during the first session.

IN-NETWORK BENEFITS

Do I have in-network mental health benefits? Yes No

Is pre-authorization required Yes No How many sessions are available _____

How much is my deductible? \$ _____ How much has been met? \$ _____

How much is my co-pay? \$ _____ per visit Do I have co-insurance? Yes No

How much is the co-insurance? _____

How many sessions per calendar year does my plan cover? _____

Are CPT codes of 90791* and 90837* covered? Yes No

OUT-OF-NETWORK BENEFITS

Do I have out-of-network mental health benefits? Yes No

Is pre-authorization required Yes No How many sessions are available _____

What is the deductible \$ _____ How much has been met \$ _____ What is the co-insurance? _____% is member responsibility; _____% is insurance coverage.. When does my deductible reset? _____ (January or other time)

Is approval from my primary care physician or pre-certification required? Yes No If so, how is it obtained? _____

Are CPT codes of 90791* and 90837* covered? Yes No

How and where do I submit superbills for reimbursement? _____

Is there a reference number for this call? _____ Date of call _____

*These are codes for outpatient therapy. For other services like group or family therapy or through a treatment center, ask the center or your provider for relevant CPT codes to confirm with insurance company