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**_____

1. I am seeking outpatient mental health benefits in a professional office setting (or via telehealth). Does my plan cover out of network providers for this service? If so, what is the coverage? What is my coinsurance? (this is the percentage of the fee you will have to pay for the services)	
2. For telehealth: Is the coverage temporary? If so, until when?	
3. What is my Out-of-Network deductible? (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.	
4. How much of the out-of-network deductible has been met so far this year?	
5. (If you know your therapist's fee): My therapist charges $_____. 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)	
6. Is my therapist's license covered by your plan?	
7. Are there any limits to the number of sessions per year?	
8. When do benefits start and renew (you want to know when your deductible renews)? **Is my coverage active?**	**Effective:**____ /____ /____ **Renew:** ____ /____ /____
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?	
10. What is the Out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)	
11. Is CPT code 90847 (couples / family therapy) **covered in case I might need this?**	**Yes** _____ **No** _____
12. Can you give me a Call Reference Number for this call?	

By Barbara Griswold, LMFT, Author, Navigating the Insurance Maze: A Therapist's Complete Guide to Working with Insurance -- And Whether You Should (8th edition). www.theinsurancemaze.com barbgris@aol.com