



QUESTIONS TO ASK YOUR INSURANCE COMPANY

Health insurance policies are an agreement between you and your insurance company. To help you understand what coverage you can expect in relationship to outpatient psychotherapy (counseling), simply call your insurance company regarding outpatient behavioral healthcare and ask the following questions. Although not every area of treatment is covered on this form, it should clarify most questions, and be useful in submitting claims.

Date you called your insurance company _____

Name of the Person who gave you the information _____

Does my policy cover outpatient psychotherapy? YES NO
Does my policy require pre-certification or pre-authorization for treatment? YES
NO

If YES, how many visits will be pre-certified? _____

What are the effective dates of the authorization? _____

What is the authorization number? _____

What is the address my provider will use to mail my claim forms?

Does my policy require a referral from a doctor within my network? YES
NO

Do I have to choose a mental health provider within my network? YES
NO

If NO, do I have out-of-network benefits? YES NO

What are my out-of-network benefits?

Is (Clinician's Name / Credential) within my network? YES NO

Are there limits to my coverage? YES NO

If YES, what are those limits?

Are there limits to the number of visits allowed? YES NO

If YES, how many visits are allowed per year? _____

Is this per calendar year or contract year? _____

What is my deductible? _____ Is that yearly? YES NO

Has it been met? YES NO

On what date does the deductible begin? _____

Are there separate deductibles for physical and mental health? YES
NO

Do I have a co-pay or a co-insurance payment? YES NO

If YES, how much is it or what is the percentage per visit? _____