

Using Insurance Questionnaire

Use the following guideline when calling your insurance company to get pre-authorization for your first session. If you have difficulty getting the necessary information for your pre-authorization, please contact our office so that our staff may help you.

Call the Mental Health or Customer Service number on your insurance card and tell them that you "need to verify outpatient mental health benefits."

Name of patient/client: _____

Name and social security number of policy holder: _____

Name of Insurance Company: _____

Name of company handling your mental health benefits (sometimes different from the insurance company):

Phone number called: _____

Person you talked to at time of call: _____

Date and time of call: _____

Ask for the following information:

Is (doctor/therapist name and degree) currently a network provider for my plan? _____

If not, what are my out-of-network benefits? _____

Is pre-certification necessary? _____

If yes, enter the number of sessions approved and the CPT codes _____,
the authorization number and date span covered _____

Do I have a deductible for mental health services? _____

If yes, how much is it and how much has been met so far? _____

In what month does your policy year begin? _____

What is my copayment for each visit, or what is the percentage of coverage?

What are the restrictions or limitations to my coverage? a) pre-existing conditions: _____ b)
dollar amount per year? _____, per lifetime? _____ c) number of visits per
year? _____, number of visits per lifetime? _____ d) is couples or family therapy covered?
_____ e) is psychological or psychoeducational testing covered? _____ If so, what are the
benefits? _____

What is the billing address for claims? _____