



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.

1. Date I called my insurance company _____
2. Name of the Person who gave me the information _____
3. Is my therapist in network? YES NO

If the answer to #3 is NO, skip to #7.

If the answer to #3 is YES, answer the following set of questions and skip #7.

4. Does my policy require pre-certification or pre-authorization for treatment? YES NO
(If NO, proceed to #5.)
If YES, how many visits will be pre-certified? _____
What are the effective dates of the authorization? _____
What is the authorization number? _____
5. Does my policy require a referral from a physician? YES NO
Have I received the referral from my physician? YES NO
6. What are my in-network benefits?:
Do I have a deductible? YES NO
Are there separate deductibles for medical and mental health? YES NO
Has my deductible been met? YES NO If NO, what amount is left to be fulfilled? _____
On what date does my deductible begin? _____
How many visits do I have per year? _____
Is this per calendar year or contract year? _____
How much/what percentage do I have to pay at the time of service (co-pay)? _____
Any other benefits or limits that I should know about? _____

Complete the following questions ONLY if your therapist is NOT in network:

7. If YES, what are my out-of-network benefits? _____
_____.