

CHECKING YOUR COVERAGE TO SEE AN OUT-OF-NETWORK PSYCHOLOGIST

INFO TO GET BEFORE CALLING INSURANCE (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"): _____

WHAT TO ASK YOUR INSURANCE COMPANY

CALL DATE: ____/____/____ REPRESENTATIVE _____ Call Reference # _____

<p>1. I am seeking outpatient mental health benefits in a professional office setting (or via telehealth) with a Clinical Psychologist licensed in Ohio and Virginia, with PsyPact authorization to provide telehealth appointment in all PsyPact participating states.</p> <ul style="list-style-type: none"> Does my plan cover out of network providers for this service? If so, what is the coverage? What is my coinsurance? (Percentage of the fee you have to pay) 	
2. Is telehealth coverage temporary? If so, until when?	
3. What is my Out-of-Network deductible? (Amount you pay before the plan begins paying). 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?	
<p>5. My therapist charges \$300 for CPT code 90791 (evaluation) and \$250 for CPT code 90834 (individual therapy).</p> <ul style="list-style-type: none"> 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 CPT code 90847 (couples/family therapy) covered in case it's needed?	Yes _____ No _____
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?	<p>Effective: ____/____/____</p> <p>Renew: ____/____/____</p>
9. What is the Out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)	
10. How do I submit invoices or file a claim for reimbursement? Do I need to get a form to attach them to?	
11. Do you require my claim to be submitted within a certain number of days from the date-of-service, for my claim to be considered for reimbursement? If so, what is the time period?	<p>Yes _____ No _____</p> <p>Time period _____</p>
12. What is the payment/reimbursement schedule? (How long it takes to process your paperwork and reimburse you)	
13. What is the claims department phone number so I can follow up on the status of my claims?	