

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 # _____

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. <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? (<i>Percentage of the fee you have to pay</i>) 	
2. Is telehealth coverage temporary? If so, until when?	
3. What is my Out-of-Network deductible? (<i>Amount you pay before the plan begins paying</i>). 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. My therapist charges \$300 for CPT code 90791 (evaluation) and \$250 for CPT code 90834 (individual therapy). <ul style="list-style-type: none"> • Is this within the Allowed Amount or UCR (<i>Usual, Customary, and Reasonable Fee</i>) for an Out-of-Network Provider? • If not, what is the Allowed Amount? (<i>Some plans may cap the amount they allow, and reimburse based on this, but may not disclose the Allowed Amount</i>) 	
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? (<i>You want to know when your deductible renews</i>). Is my coverage active?	Effective: _____ / _____ / _____ Renew: _____ / _____ / _____
9. What is the Out-of-pocket Maximum? (<i>The amount you must pay each year before the plan starts paying 100% for health expenses</i>)	
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?	Yes _____ No _____ Time period _____
12. What is the payment/reimbursement schedule? (<i>How long it takes to process your paperwork and reimburse you</i>)	
13. What is the claims department phone number so I can follow up on the status of my claims?	