

## Checking Your Benefits

Your insurance carrier may reimburse for mental/behavioral health services but you will need to find out your specific plan details. Always make a note of the time and date you call your insurance company, the name of the person you speak with, and the questions asked and answers given.

When you call your insurance company, be ready to present the following:

- Information regarding the Policyholder, such as: name, place of employment, ID number, and group number
- Patient information, such as: name, date of birth, and relationship to the Policyholder
- The name of the provider you are scheduled with and his or her licensure. *This will be given to you during the intake phone call and can also be found on our website.*

Before you make the initial call to your insurance company, please review the questions below.

### Who handles my mental/behavioral health coverage?

Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### In Network Benefits

*\*Only applies to insurance with the Sagamore Health Network.*

Individual Deductible \$ \_\_\_\_\_  
 Family Deductible \$ \_\_\_\_\_  
 Copay or Coinsurance \$ \_\_\_\_\_  
 Annual Maximum \$ \_\_\_\_\_

#### Out of Network Benefits

*\*Applies to all other insurance carriers.*

Individual Deductible \$ \_\_\_\_\_  
 Family Deductible \$ \_\_\_\_\_  
 Copay or Coinsurance \$ \_\_\_\_\_  
 Annual Maximum \$ \_\_\_\_\_

#### Additional Notes:

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## Suggested Questions to Ask

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|---|-----|---------------|
| • Do I have coverage for services provided by a non-participating, or out-of-network, provider? | Yes | No            |
| • Do I need pre-authorization or pre-certification for  |     |               |
| Initial Visit (CPT Code 90801)  | Yes | No            |
| Psychological Testing (96101, 96102, 96103)   | Yes | No            |
| Therapy (90806)   | Yes | No            |
| Medication Management (90862, 90805, 90807)   | Yes | No            |
| • How do I obtain pre-authorization? _____  |     |               |
| • Does my policy limit the number of visits per year?   | Yes | ___ visits No |
| • Are the following services included in my coverage?   |     |               |
| Telephone services  | Yes | No            |
| Online services (e.g. Skype)  | Yes | No            |
| Family Therapy without Patient (90846)  | Yes | No            |
| Family Therapy with Patient (90847)   | Yes | No            |
| Group Therapy (90853)   | Yes | No            |
| Speech/Language Evaluation (92506)  | Yes | No            |
| Speech/Language Therapy (92507)   | Yes | No            |
| • Do I have coverage for two different types of appointments on the same day?                   | Yes | No            |
| • If known, is my diagnosis covered?  | Yes | No            |