

Information needed before a call to the insurer

Patient's name:

Date of birth: ___/___/___

ID #:

Policy holder's name (if different from patient's): _____

Policy holder's date of birth: ___/___/___

Policy holder's ID #:

Policy holder's employer:

Address of employer:

Name of insurer:

Name of policy:

General Coverage

a. Will the insurance pay for these kinds of treatments?

Individual psychotherapy No Yes

Allowable reimbursements/payments

a. Is there a limit on the amount the insurance will pay for mental health services in a year? No Yes:

\$_____ per Calendar year? Policy year?

How much of this remains available today? \$_____

b. Is there a limit on the number of visits/sessions per year or by diagnosis? No Yes: ____ per year

Yes, for these diagnoses:

Costs to the patient

What is the patient's total *deductible* before the insurance company will pay anything (general, or specific to mental health visits)?

\$_____ per policy year per calendar year per person/patient per family per diagnosis

How much of this has been met? \$_____ as of ___/___/___

What is the client's *copayment or coinsurance rate* per session **before** vs **after** the deductible is met (specific to mental health services)? \$_____or %_____

No copayment

Has the patient reached their *out-of-pocket maximum* for the year, including mental health services? Does this mean that treatment sessions will be fully paid by the insurer for the remainder of the insurance year? What dates does the coverage year start/end?

The relevant billing/CPT codes would be:

90791 (for our intake session)

90837 (for follow-up sessions)