INSURANCE CONSIDERATIONS

***It is HIGHLY recommended that you obtain information about your insurance coverage before your first appointment.***

Payment in full is required at the time of service unless arrangements to the contrary have been made in advance.

I am happy to assist you in filing insurance claims.  I will provide you with a payment receipt that contains all the information you need to submit a claim to your insurance company. Please keep in mind that your health insurance is a contract between you, your employer, and your insurance company.  I am not a party to that contract and therefore I am not responsible for the disposition of any insurance claims.

I am an “Out-Of-Network Provider” with most insurance companies. Most insurance companies offer “Out-Of-Network” benefits for treatment by a psychologist who specializes in children, adolescents and young adults. I specialize in treating children, adolescents and young adults.

Information about insurance coverage can be obtained by calling the customer service number on your insurance card. When you are connected with a service representative ask to speak with someone who can answer questions about mental health and behavioral health benefits. I suggest that you take verbatim notes regarding who you speak to and what they tell you.

The following are some questions you may want to ask:

*What are my out-of-network benefits?*

*Do I have a deductible?*

*When does my coverage year begin?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date of call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person who provided information (Name/ID number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is the coverage for Out-Of-Network Psychologists under my plan?

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| --- |
| The Initial Evaluation is covered at \_\_\_\_\_\_\_\_% of usual and customary rate |
| Treatments \_\_\_\_\_\_ to \_\_\_\_\_\_\_ are covered at \_\_\_\_\_% of usual customary rate |
| Treatments \_\_\_\_\_\_ to \_\_\_\_\_\_\_ are covered at \_\_\_\_\_% of usual customary rate |
| Treatments \_\_\_\_\_\_ to \_\_\_\_\_\_\_ are covered at \_\_\_\_\_% of usual customary rate |

1. What is the “Usual Customary Rate” for an initial evaluation (CPT 90791) and for follow-up treatment (CPT 90834 or CPT 90837)?
2. What is my deductible for mental health/behavioral health treatment?
3. When does my coverage year begin?

Form updated 7-29-2017