

Outpatient Mental Health Benefits Summary

Fill this top portion in **BEFORE** you call your insurance company:

Patient Name: _____ Date of Birth: ___/___/___

Look on the back of your card for a phone number for mental health. It maybe abbreviated as MH or MH/SA, as in mental health/substance abuse. If there is no number for mental health, call the member services number. This number is usually on the back of the card as well.

Insurance Company: _____ Insurance Company Phone Number: _____-_____-_____

Patient's ID Number: _____ Group Number: _____

Fill in the following during your call. Keep a copy of this form and give a copy to your provider.

Call your insurance company. Follow the prompts to speak with a representative about your benefits. If there is a specific prompt for mental health, go there.

Date of Call: ___/___/___ Time of Call: ___:___ Spoke With: _____

When a representative picks up, say the following (make sure to say the words in italics):
"I would like to find out what my ***outpatient mental health benefits are.***"

The representative will ask you for your identification information.
Once they have identified you, ask the following questions:

1. "Does my plan cover outpatient mental health services?" **Yes**___ **No**___
If they don't then you are done with the call. Speak to you provider about a cash payment arrangement if you still want to see him.
 2. "Is Dr. Ray Wm. Smith a contracted provider with _____?" **Yes**___ **No**___
Insert your insurance's name here
 - a. If yes, proceed to the next questions.
 - b. If no, ask, "Does my plan have out-of-network out patient mental health benefits?"
If not, then your call is complete. Speak with your provider about a cash payment arrangement.
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3. "Do I have a deductible on my plan?" **Yes**___ **No**___
 - a. If yes, ask, "How much is it?" \$ _____
 4. "Has it been met for the year?" **Yes**___ **No**___
 - a. If no, ask, "How much is remaining?" \$ _____
 5. "What date does my coverage renew on?" ___/___/___
If the representative says, "calendar year" that means that your coverage starts over on January 1st.
 6. "How many visits do I get per year?" _____
 7. "How many visits have been used?" _____
 8. "Do I have a co-pay or co-insurance?" **Yes**___ **No**___
 - a. If yes, ask, "how much is it?" Co-pay \$ _____ Co-insurance \$ _____
(A co-pay is an exact dollar amount for which you are responsible for each visit. A co-insurance is a percentage for which your are responsible for each visit. It is possible to have both.)

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9. "Does my plan cover family therapy?" If asked for a procedure code tell them "90847" Yes___ No___
10. If applicable, ask, "Does my plan cover marriage counseling?" Yes___ No___
11. If applicable, ask, "Does my plan cover group therapy?" Procedure code: 90853 Yes___ No___
12. "Does my plan require a referral from my Primary Care Provider?" Yes___ No___
- a. If yes, contact your Primary Care Provider and ask them to give you a referral to see Dr. Ray Wm. Smith
13. "Does my plan require an authorization?" Yes___ No___
- a. If yes, ask, "What do I need to do to get an authorization?" Then follow the representative's instructions.
- b. Once an authorization is obtained, get the following information from the representative:
- Authorization Number** _____
- Date Range of Authorization : Start Date** ___/___/___ **End Date** ___/___/___
- Number of Visits Authorized** _____

No further information is needed. You may end the call unless you have further questions about your insurance.

Be sure to bring a copy of this form to your first visit and go over it with your provider.