

Obtaining Insurance Information on Eligibility and Benefits

- 1) Call the number on the back of your insurance card to inquire about your benefits.
- 2) The automated system usually has a prompt for “eligibility and benefits.” If you have specific questions you’d like to ask, it may be a good idea to speak to a customer service representative. If there is no option for this, sometimes saying “Representative” or selecting “0” will get you to a live person.

3) Ask the representative the following questions:

A) Do I have a deductible? If so, how much is it? _____

How much of the deductible has been met? _____

What is the co-insurance rate after the deductible is met? (This is usually something like an 80/20% split between you and the insurance company.)

B) If you don’t have a deductible, how much is your copay for Outpatient Psychotherapy? _____

C) Is there a session limit per year? If so, what is it? _____

D) What is the name of your plan? _____

4) If you are on someone else’s plan (ie- your parents or spouse) I will also need their date of birth and address for billing: _____

5) Ask the representative for a Reference Number for this call. (This is a way you can reference the call in the future if you need to refer to the information you received from your insurance company at this time.)

***IMPORTANT:** You do not need to fill out this form for our first on-going appointment, however I need all this information for billing insurance. If you do not have all this information at our appointment, I will not bill your insurance for you. You will owe the full fee for the appointment and I will give you a receipt for you to bill your own insurance company for reimbursement.