

Checking on your Mental Health Benefits

To verify your mental health benefits, call the customer service department of your insurance carrier. Most insurers provide an 800 number for you to call - this number is usually listed on your insurance ID card or in your plan booklet. (If your insurance plan is sponsored by your employer, you may also be able to get benefit information from your Human Resources department.) When you call customer service, ask for your "Outpatient Mental Health Benefits".

Below is a list of specific questions to ask about your benefits:

Do I need a referral from my physician? _____

Who is an approved provider for my insurance plan? _____

If I see a provider who is not in my network, how much will my plan pay? _____

Do my visits have to be pre-authorized? _____

If my visits must be pre-authorized, how do I obtain an authorization? _____

How many sessions am I allowed each year? _____

Do I have to meet a deductible? _____

If I have to meet a deductible, what is the dollar amount of the deductible and how much of it have I met so far?

Deductible \$ _____ Deductible met so far this year \$ _____

Deductible amount remaining \$ _____

If I am seeing a therapist who is not part of my network, do I have a separate out-of-network deductible?

If yes, what is the out-of-network deductible? _____

How much of the out-of-network deductible has been met so far this year? _____

Out-of-network deductible amount remaining \$ _____

What is my copay per session? \$ _____

Disclaimer: The above information is provided to assist you in becoming more informed about your mental health benefits through your insurer. Information provided by your customer service department is not a guarantee of payment and you will be responsible for all unreimbursed costs. Denied claims, deductibles, co-pays, co-insurance and late cancellation fees are the responsibility of the patient.