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☎ 833-WE-HELP-3  
833-934-3573

Terri Kern, MA, LPCC  
Clinical Counselor/Owner

## **OUT-OF-NETWORK INSURANCE VERIFICATION FORM AND REIMBURSEMENT WORKSHEET**

Call the 800 number on your insurance card and complete this form with a customer service representative via telephone. It is important that you understand your insurance coverage so that you can be reimbursed quickly and efficiently.

1. BEFORE YOU CALL HAVE YOUR INSURANCE CARD INFORMATION FOR THE CUSTOMER SERVICE REPRESENTATIVE:

Your Name:

DOB:

SSN:

Insured Name (if different from you):

DOB:

SSN:

Insurance Company:

Insurance Phone Number:

Mental Health Insurance (may be different than health insurance):

Claims Address:

Client Insurance ID#:

Group #:

2. MAKING THE CALL: TALK TO A CUSTOMER SERVICE REPRESENTATIVE AND ASK ABOUT YOUR COVERAGE FOR MENTAL HEALTH SERVICES:

**Your representative will verify your coverage with the information above. The next step is to ask the following questions:**

1) "Do I have mental/behavioral health coverage?"  YES  NO

If YES, continue.

2) "I found an out-of-network provider I'd like to see. Do I have Out-of-Network benefits?"  YES  NO

If YES, continue.



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3) "Do I have an Out-of-Network deductible?"  YES  NO  
If YES, "What is my out-of-network deductible?"

"How much of my out-of-network deductible has been met?"

4) "Please verify that the following services are covered under my policy:"

**Video Sessions:**

- Individual/Couples/Family Therapy, 60 minutes (CPT Code 90837-95):  NO  
 YES \_\_\_\_% of fee covered
- Family Therapy, without patient present (CPT CODE 90846-95):  NO  
 YES \_\_\_\_% of fee covered
- Family Therapy, with patient present (CPT CODE 90847-95):  NO  
 YES \_\_\_\_% of fee covered

5) "Do I need an authorization to receive any of these services?"  YES  NO  
If YES, "What is my authorization number?"  
"How many sessions are authorized?"

6) "What forms do I need to submit for reimbursement?"  
Where can I get the form?

7) "Do you require the providers signature on the **superbill** my out-of-network provider will prove me?  YES (I will be happy to sign it for you! I turn claims around quickly).  
 NO

8) "What is the most efficient way to submit these forms?"



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### REIMBURSEMENT ESTIMATE

*Based on the information you received from your insurance company here is a reimbursement estimate:*

Service Fee	Out of Network Deductible	How much of my deductible has been met?	% of the Service Fee covered	Estimate of Reimbursement
\$150 for Individuals				
\$170 for couples				