

FOR CLIENTS:
CHECKING YOUR COVERAGE FOR AN OUT-OF-NETWORK EVALUTATION

BEFORE CALLING INSURANCE: INFO TO GET (SOME IS ON YOUR INSURANCE CARD)

1. Insurance I.D. #: _____ Group #: _____
2. Primary Subscriber on the Insurance: _____
3. Your Relationship to Primary Subscriber: _____
4. Primary Subscriber's Birthdate: ____ / ____ / ____ Your Birthdate: ____ / ____ / ____
5. Subscriber's Employer _____
6. Insurance Plan Phone Number (*The card may say "Member Services," "Benefits," "Behavioral Health", "Mental Health Coverage," "Eligibility and Benefits", or simply "Customer Service"*): _____

THE CALL: WHAT TO ASK THE INSURANCE COMPANY

NOTE YOUR CALL DATE: ____ / ____ / ____ REPRESENTATIVE NAME _____

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| <p>1. I am seeking a psychological assessment for autism. Does my plan cover out-of-network providers for this service? If so, what is the coverage? What is my coinsurance? (this is the percentage of the fee you will have to pay for the services)</p> | |
| <p>2. What is my out-of-network deductible? (The deductible is the amount you must yourself before the plan begins paying at all). You may have a separate deductible for in-network providers and one for out-of-network providers.</p> | |
| <p>3. How much of the out-of-network deductible has been met so far this year?</p> | |
| <p>4. (If you know your therapist's fee): My therapist charges \$ _____. Is this within the Allowed Amount or UCR (Usual, Customary, and Reasonable Fee) for an Out-of-Network Provider? If not, what is the Allowed Amount? (Some plans may cap the amount they allow, and reimburse based on this, but may not disclose the Allowed Amount)</p> | |
| <p>5. Is my therapist's license (psychologist) covered by your plan?</p> | |
| <p>6. Are there any limits to the number of assessment hours covered?</p> | |
| <p>7. When do benefits start and renew (you want to know when your deductible renews)? Is my coverage active?</p> | <p>Effective: ____ / ____ / ____ Renew: ____ / ____ / ____</p> |
| <p>8. How do I submit invoices to the plan for reimbursement? Do I need to get a form to attach them to? What is the address where I would send these claims?</p> | |
| <p>9. What is the out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)</p> | |
| <p>10. Can you give me a Call Reference Number for this call?</p> | |