

How to Check Your Insurance Benefits

I require all clients to call their insurance company before their first visit to verify coverage for outpatient behavioral health services. **I will accept and bill In Network insurance only AFTER obtaining verification of coverage for outpatient behavioral health services. Your co-pay or deductible must be paid in advance or at the time of your appointment for each office visit.**

Remember to call your insurance company at least 24 hrs in advance of your appointment. Call the customer service number on the back of your insurance card. Ask for benefits/eligibility. Tell the phone representative you're calling to check on your personal insurance benefits. Then ask:

Do I have coverage for outpatient behavioral health services? Yes/No

Does my plan have in-network behavioral health benefits with
the practice Resilient Journeys, PLLC
or the practitioner Maria S. White, MSW, LCSW, LCAS, RYT500
if not, you may ask:

Do I have out-of-network behavioral health benefits? Yes/No

If you only have out of network benefits, you will need to file the claim yourself with your insurance and make payment arrangements for each session to the provider. A billing statement will be provided for you to file for your reimbursement.

Do I have a deductible (In or Out of Network) to meet first, in regard to this service? Yes/No
How much is it? \$ _____

How much of my deductible do I still have to meet this year? \$ _____

What is my co-pay or co-insurance? _____

Does the deductible need to be met before the co-pay applies? _____

What is the date my insurance policy renews each year? _____

Is a referral required from my primary care physician? Any other pre-authorization required?
Yes/No

Do I have a maximum number of visits, or a maximum dollar amount for this service each year?

Does my plan cover the following CPT codes?

- **90791** (initial assessment) Yes/No
- **90834** (45-min therapy session) Yes/No
- **90832** (30-min therapy session) Yes/No
- **90837** (53-minute therapy session) Yes/No
- **90846** (session w/collateral only) Yes/No
- **90847** (session with collateral & client) Yes/No
- **90853** (group therapy-basic level) Yes/No
- **Teletherapy** (on-line session) Yes/No

Write down the FULL name of the representative that assisted you:

His/Her direct phone number: _____ Date/Time called: _____

Thank you for your time in confirming your insurance policy benefits.