Out-of-Network Insurance Benefits Worksheet for Teletherapy/Telepsychology: (T/T)

C	lient's Name:									
Da	ate of Call: Repres	entative S	Spoken Wi	ith:						
	plain to your insurance representative that y rvices.	/ou wish t	o learn ab	out you	r <mark>out-of-net</mark>	work insura	<mark>nce benef</mark> i	<mark>ts for Tele</mark>	<mark>therapy</mark> men:	ıtal health
1.	Flex Account / Health Savings Account / O Amount of Deductible - Out-of-Network Co Deductible fulfilled to date: Is there a maximum for out of pocket expe	overage:		\$ \$ \$	YES	NO				
2.	Maximum number of T/T visits in a calenda	r/fiscal ye	ar:							
3.	Is authorization required for teletherapy:	Yes	No	Is a t	s a treatment plan required teletherapy:				No	
	After what number of visits is a treatment plan required: Agency, fax number or address to send authorization/treatment plans to:									

4. Determine the insurance company's Usual Customary Fee for specific service codes. The insurance company's UCF's are not the same as Arundel Psychological Associates fees for services. All clients are charged a 160.00 fee for an hour session and 130.00 for a 45 minute session. You determine how much of a reimbursement you will receive by knowing the insurance company's UCF's. Multiplying the UCF by the percentage the insurance company reimburses is the amount of money the insurance company will reimburse you.

Service Code Numbers	Master's Level	Doctoral Level
Add Service Code modifier 95 for teletherapy to each of the codes below	UCF's	UCF's
90834 Individual Therapy Session - patient and/or family member		
45 minute session: Fee - \$130.00		
90837 Individual Therapy Session with patient and /or family member		
60 min .session Fee - \$160.00		
90846 Family Therapy Session Patient not Present: - 45 minute \$130.00		
60 minute \$160.00		
90847 Family Therapy Session Patient Preesnt - 45 minute \$130.00		
60 minute \$160.00		

6. Insurance Name/Address where claims can be sent for out-of-network reimbursements: