

KNOW YOUR INSURANCE BENEFITS BEFORE BEGINNING

Arundel Psychological Associates Phone 410-987-2031

1110 Benfield Blvd., Suite J, EIN Tax Number: 20 2655844

Millersville, Maryland 21108

When clients wish to begin with Arundel Psychological and they have Tricare, military insurance, the following information should be shared with the insurance representative to learn about your benefits. Arundel Psychological is an approved Out of Network mental health provider for Tricare families. When you explain to your agent about Arundel Psychological the following information is most helpful:

Arundel Psychological Associates – providers recognized by Tricare include:

Provider of Services: Dr. Laura Groft, Licensed psychologist, NPI 1154824605

Richard Von Hagen, LCPC, NPI 1114235793

Heidi Taylor, LCSW, NPI 1417277567

Arundel Psychological Associates EIN Tax Number: 20-2655844

1110 Benfield Blvd., Suite J, Millersville, Maryland 21108 410 987-2031

Step 1 – Inform the representative you wish to know about your Out-Of-Network Benefits.

Step 2 – Ask if you have a Flex Spending/Health Account to help with costs.

Step 3 - What amount of Deductible if any must be met before reimbursements begin?

Step 4 – Is prior authorization or a treatment plan necessary to begin?

Step 5 – What are the insurance company’s Usual Customary Fees for specific service codes. Remember, the insurance company’s UCF’s are not Arundel Psychological Associates fees for service.

All clients are charged the following fees for services:

Intake Meeting (90791) - $190.00/hour

45 Minute Therapy Session (90834) - $160.00

1 Hour Therapy Session (90837) - $190.00

You can determine how much of a reimbursement you will receive by multiplying the UCF by the percentage the insurance company reimburses. UCF X percentage insurance co. reimburses = your reimbursement.

Step 6 – Ask if the reimbursement rates are different for telehealth/telepsychology sessions.

Step 7- What address are insurance claims mailed to?

Step 8 – Copy the worksheet with your contact information and provide to your therapist.

If you have any questions, please call Lisa Grant, Executive Director, 410-987-2031

**Out-of-Network Insurance Benefits Worksheet:**

**Name of Client: Date of Birth:**

**Name of Insured: Date of Birth:**

**Home Address:**

**Phone Numbers: Home - Cell - Work –**

**Email Address:**

**Insurance Company: Membership #:**

**Insured’s Employer: Group #:**

Explain to your insurance representative that you wish to learn about your out-of-network insurance benefits for outpatient mental health services. Arundel Psychological is located in Millersville – zip code 21108.

Date of Call: Representative Spoken With:

1. Flex Account / Health Savings Account / Other YES NO

Amount of Deductible - Out-of-Network Coverage: $

Deductible fulfilled to date: $

Is there a maximum for out of pocket expenses? $

2. Maximum number of visits in a calendar/fiscal year:

3. Is authorization required: Yes No Is a treatment plan required: Yes No

After what number of visits is a treatment plan required:

Agency, fax number or address to send authorization/treatment plans to:

4. Your insurance company bases its reimbursement on its Usual and Customary Fees (UCF’s): You would receive a percentage of the UCF’s as specified in step 5. Is there a difference between the UCF’s of a Master’s level and Doctoral level therapist?

Service Code Numbers Master’s/Doctoral Level Therapist

|  |  |
| --- | --- |
| 90791 Initial Intake Meeting. | UCF’s |
| 90834 Individual Therapy Session with the patient and/or family member – 45 minute session. |  |
| 90837 Individual Therapy Session with patient and /or family member – 60 min. |  |
| 90846 Family Therapy Session -(patient not present) |  |
| 90847 Family Therapy Session- 45 minute (patient present) |  |

5. Percentage of the Usual Customary Fee (UCF) reimbursed:

Your reimbursement is calculated by multiplying the insurance company’s UCF times the percentage:

6. Ask if the reimbursement rates are different for telehealth/telepsychology sessions.

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