



ARUNDEL PSYCHOLOGICAL ASSOCIATES
1110 Benfield Boulevard., Suite J
Millersville, Maryland 21108

KNOW YOUR INSURANCE BENEFITS BEFORE BEGINNING

Arundel Psychological Associates
1110 Benfield Blvd., Suite J,
Millersville, Maryland 21108

Phone 410 987 2031
EIN Tax Number: 20 2655844

Arundel Psychological Fees for Service Codes

Intake Meeting (90791)	-	\$160.00
45 Minute Therapy Session (90834)	-	\$130.00
1 Hour Therapy Session (90837)	-	\$160.00

Instructions:

- Step 1 – Inform the representative you wish to know your Out-Of-Network Mental Health Benefits.
- Step 2 – Ask if you have a Flex Spending/Health Account to help with costs.
- Step 3 - What amount of Deductible must be met before reimbursements begin?
Is prior authorization or a treatment plan necessary to begin?
- Step 4 - Determine the amount of reimbursement you will receive:
Ask what the Usual Customary Fees are for specific service codes (90791, 90834, 90837).
What percentage of the UCF does the insurance company reimburse?
Reimbursement Equals: UCF for a Service Code (x) Percentage = Amount of Reimbursement
- Step 5 – Where are out-of-network insurance claims mailed to? Sometimes referred to as “where is the insurance company’s local mailing address for out-of-network providers

Copy the worksheet when completed and provide to your therapist. Arundel Psychological can then begin to process your claims. We create all paperwork for you to receive your reimbursements.

If you have any questions, please call Lisa Grant, Executive Director, 443-904-4429

Out-of-Network Insurance Benefits Worksheet:

Name of Client:

Date of Birth:

Name of Insured:

Date of Birth:

Home Address:

Email Address:

Phone Numbers: (H) _____ (C) _____ (W) _____.

Insurance Co.:

Membership #:

Group #:

STEPS CHECKING INSURANCE BENEFITS

1. Ask - Do I have out-of-network insurance benefits for mental health services?
2. Amount of Out-of-Network Deductible: _____ Amount of In-Network Deductible: _____
 Deductible fulfilled to date: _____
 Is there a maximum for out of pocket expenses? _____
3. Is there a maximum number of visits in a calendar/fiscal year? _____
4. Is prior authorization needed: Yes No Is a treatment plan required: Yes No
 Fax number to send authorization: _____
5. Ask the Usual Customary Fees for specific service codes in the chart below?

Service Code Numbers	Master's Level Therapist	Doctoral Level Therapist
90791 Initial Intake Meeting.	UCF's	UCF's
90834 Individual Psychotherapy – 45 minute session		
90837 Individual Psychotherapy – 1 hour session.		
90846 Family Therapy Session - patient not present		
90847 Family Therapy Session- patient present		
90853 Group Therapy Session		

6. Ask specifically where out-of-network claims are mailed: _____

Representative spoken with: _____ Date: _____