



## Reimbursement Worksheet

We do not accept health insurance within this practice, but our patients can get reimbursed by using out-of-network benefits from their respective insurance companies. As such, prior to the start of each appointment, patients will pay the session fee. At the end of each appointment, you will receive a super bill (*a special receipt*) that you can submit to your insurance company to get reimbursed (a percentage) for services. You can find out your out-of-network benefits by calling the number on the back of your insurance card.

The following are suggested questions to ask your insurance provider:

- 1) Do I have out-of-network benefits for mental health services? If not, how can I obtain out-of-network benefits?
- 2) Do I need prior-authorization from my primary care physician to use my out-of-network mental health benefits?
- 3) Do I have a deductible?
  - This is the amount that you would have to pay within a given year before your insurance begins reimbursing you. This is typically a yearly amount and is often separate from the deductible that you pay for medical benefits.
- 4) What is the reasonable and customary fee for the following services by a Psychiatrist in the 27617 zip code, and what is the percentage that is reimbursed?
  - What is the coverage amount per therapy session? Per medication management session? Most insurance companies will reimburse a certain percentage of what they consider to be “reasonable and customary” (R & C) fees for various services in a given zip code.

The following table will help you determine your reimbursement:

<b>.Code</b>	<b>R&amp; C</b>	<b>% Reimbursable</b>
90792 (Initial evaluation)		
99204 (Initial evaluation, moderate complexity)		
99205 (Initial evaluation, high complexity)		
99213 (Level 3 Evaluation and Management)		
99214 (Level 4 Evaluation and Management)		
90833 (30 minute psychotherapy add-on)		
90836 (45 minute psychotherapy add-on to the Level 3 or 4 codes)		

90834 (45 minute psychotherapy only (no meds/medical issues)		
(optional) Is Telepsychiatry covered? Which codes for 45 minutes?		

- 5) Does my plan have a maximum out-of-network annual limit? How many therapy sessions does my plan cover?
- 6) What's the best way to send the invoice/superbill?
  - If by mail, what's the best address to send the invoice?
  - If by internet, what is the website/URL?
- 7) How long does it take to get reimbursed once I submit the invoice?
- 8) Contact number of office I can call or email if I do not receive my reimbursement in a timely fashion.
- 9) How do I appeal if the claim is denied?
- 10) Anything else I need to know or do?

Let the insurance company know that you will want the check sent directly to you, NOT the provider.