



GUIDE TO CALLING YOUR INSURANCE COMPANY ABOUT OUT-OF-NETWORK BENEFITS

We are OUT-OF-NETWORK with all insurance companies.

***WE ARE NOT RESPONSIBLE FOR THE INFORMATION
YOU OBTAIN BY USING THIS GUIDE.***

Background:

Most health insurance companies have in- and out-of-network providers (providers = doctors, psychologists, etc.). Providers at Illumination Psychological Testing are out-of-network with all insurance companies. Depending on your policy you may or may not have out-of-network coverage. If you do have an out-of-network policy, there are varying levels (partial or total) of coverage for our services. It is best for you to call your insurance company before you schedule an appointment with Illumination Psychological Testing.

Our center is typically considered : mental / behavioral health

Depends on your provider at Illumination Psychological Testing:

All licensed providers are billable under insurance.

Some of our students are not billable under insurance companies. Please double-check with us to have a clear understanding if your provider may or may not be covered by your insurance company.

How it works at Illumination Psychological Testing:

Partial payment is due at the scheduling and remaining at the time of service, unless another payment plan has been agreed upon. Therefore, first the client pays the fee out-of-pocket with cash, check, zelle or credit card. Second, at the end of all evaluation services, typically after the evaluation feedback session, an insurance receipt or superbill will be posted to your Simple Practice account. This statement has all the necessary information for you to send to your insurance company. Third, the client/you submit this receipt of payment to your/his/her insurance company. Fourth, depending on the coverage, you/the client may receive the reimbursement check directly to them. Note – there are some cases that require pre-authorizations, special assessments, and single-case agreements that require additional steps. Please speak directly to your Illumination Psychological Testing provider for these cases; an informed consent and written release authorization may need to be signed in order for us to help you through these more detailed agreements.

We would like you to be informed about your out-of-network coverage before making your appointment.

Here are the steps to understand your OUT-of-NETWORK mental or behavioral health policies. Illumination Psychological Testing is NOT responsible for the information you obtain by using this guide.

Tips:

Carve out 10-30 minutes to call your insurance company

Have the following information ready before you call, including your card

Take detailed notes

Do not hesitate to ask questions

Ask the representative to confirm the requirements to use out-of-network benefits

You are asking about your out-of-network mental or behavioral health policy

Below is some information that the insurance company may need from you to provide you with accurate information.

Insurance Card:

- Phone number to call:
- Member ID:
- Group ID:

Your Information:

Name, date of birth, address, phone number, or sometimes social security # of person who holds the primary account ("insured")

Name, date of birth, or sometimes social security # of person for whom the services are for. Some benefits have exclusions based on age or diagnosis.

Illumination Psychological Testing Information:

The following information will be provided on your receipt of payment. Insurance companies do not usually need this information to help you understand your benefits.

Provider's name:

Provider's NPI:

Credentials:

Provider's EIN:

Phone Call Notes:

Date that you called:

Representative's name:

Representative's ID#:

Call confirmation #:

Guideline of Questions to Ask:

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

Do I have a mental or behavioral health policy with out-of-network benefits? Yes / No

What are the requirements to use out-of-network benefits

Is authorization required? Yes / No

Is a referral required? Yes / No

Do I have an out-of-network deductible? Yes / No

(If yes) What is my out-of-network deductible?

(If yes) How much of my out-of-network deductible has been met?

(If yes) What calendar year is my out-of-network policy based on?

Ask the representative if your policy covers these services (give them the CPT code), how much is the insurance company's "usual and customary fee" and what percentage do they cover?

Service	CPT	Insurance company's usual and customary fee for service	Percent covered (after deductible met)
Psychiatric interview – a 75 minute intake session	90791		
Testing and evaluations	90791, 96137, 96136, 96130, 96131		

Is there a session limit?: Yes / No

(If yes) What is the session limit?:

(If yes) How many sessions do I have left?:

What % of services are covered/what is my co-insurance?:

Address for submitting claims: