Community Mental Health Associates, LLC 410.756.0035 cmhahelps.com scheduling@cmhahelps.com

Insurance Benefits Checklist:

*Explain to your insurance representative that you wish to learn about your out-ofnetwork insurance benefits for outpatient mental health services. Community Mental Health Associates, LLC is located in Millersville, MD 21108.

Date of Call:					
Representative Spoken With:					
Flex Account / Health Savings Account / Other	Ŋ	YES	NO		
Current Deductible Amount: \$					
Deductible Amount Met: \$					
Is there a maximum for out of pocket expenses? If yes, what is it? \$					
Maximum number of visits allowed in a calendal Is prior authorization required:	ar/fisca Yes	l year: No			
Is a treatment plan required:	Yes	No			
After what number of visits is a treatment plan required: After number of visits:					
Agency, fax number or address to send authorization	ation/tr	eatment plans	to:		

Services / Procedural Codes

Master's Level Therapist	Doctoral Level Therapist
UCF's	UCF's
nount of Reimbursement.	ee company's UCF times the
ms can be sent for out-of	-network reimbursements:
	Fee (UCF) reimbursed: multiplying the insurance to the count of Reimbursement.