**Please Use This Worksheet to Determine Out of Network Benefits When Contacting Your Insurance Provider**

1. Call the number for customer service on the back of your insurance card for mental health services or general customer service. Select the option that will allow you to speak with a customer service provider, not an automated system.
2. Once contact with a customer service provider is established, inquire whether you have benefits available for out-of-network outpatient mental health service providers. Make sure the customer service provider understands you are seeing a non-preferred provider/out of network provider.
3. Ask if a prior authorization is required to cover services and if it is how can this authorization be completed.
4. Ask if there are any potential deductibles, out-of-pocket expenses, or copayments you may be responsible for prior to the out-of-network benefits becoming eligible and what are the costs associated with this.
5. Ask what the percentage of out-of-network benefits is covered and is there a maximum yearly benefit at which point my insurance will no longer cover out-of-network benefits. Also ask whether the coverage pertains to office visits, telepsychiatry, or both and is the coverage provided in equal amounts.
6. Ask whether there is a specific form your insurance company uses to submit superbills for potential reimbursement and where is this form obtained.
7. What is the mailing address to submit claims/reimbursement forms to and is there an option to submit claims/ reimbursement forms online.
8. Prior to ending the call, document the name and contact information of the representative you spoke with as well as the date and time of the phone call.