Insurance Checklist

An important step in determining your insurance benefits and *ensuring your insurance benefits will actually be applied to your visits* is calling your insurance company to clarify what services are covered and, in some situations, what must be done to activate the benefits. This checklist can help you find out what your benefits are, what services your insurance covers, and other important information.

PLEASE NOTE:
You may not require all of the services listed here, depending on your personalized treatment plan. Also, there is no guarantee that your particular insurance plan will cover any or all of these services. Your insurance may or may not use co-pays, co-insurance, deductibles, etc. We list many choices so the checklist works for everyone. (Take what you need, and leave the rest!)

Information you may be asked for:
Your health insurance ID#: ____

Your group number: ____

Policy holder's name: ____
(the family member from whom you get your insurance, if applicable)
Dependent's name: ____
(if the person needing services is not the policy holder)

Questions to ask your insurance company:
What services does my insurance cover?

Psychological testing and assessment
Neuropsychological assessment
Individual psychotherapy
Group psychotherapy
Family or Couples psychotherapy
Psychiatry/Medication management
Nutritional Counseling (with Registered Dieticians)
Complementary/Alternative medicine (visits with licensed massage therapists, acupuncturists, chiropractors, naturopathic physicians)
Intensive programs (Intensive Outpatient Program or Partial Hospitalization Program)
Residential Treatment

Is this mental health provider “in network” for my insurance?

If not, will my insurance still pay for services?   Do I have out-of-network benefits for this service?

Will my co-pays, deductibles, or number of visits change if I use my out-of-network benefits with this provider?

Questions about the services that ARE covered by your insurance:

How many sessions and/or hours are covered for each service?

What is the co-pay for each visit/service?

What is the co-insurance for each visit/service?

What is the deductible for each visit/service?

Do I need prior authorization for any of these services?   If so:
What are your criteria for authorizing the treatment or service?

If pre-authorization is required, who provides it (this provider, another provider, or me)?

What information and documentation do you need me to provide?

What information and documentation do you need the provider to provide?

What else do I need to know to get coverage for the treatment services I/my family member need?