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QUESTIONS FOR INSURANCE COMPANY Out-of-Network

Name:	Date:
Primary Insurance Company:	
Asking the following questions may help you to obtain reimbursement for services from an out-of-network pr	·
Steps to determine your benefits:	
In order to determine what your benefits are, please do the	e following:
• Call the customer service number on the back of you Health if they have it).	our insurance card (the number for Mental
Tell them you will be seeing a licensed psychologis	st who is an <i>out-of-network</i> provider.
Ask the following questions:	
What is the reimbursement rate for individual therapy (FYI - This rate will vary between different comparately)	
Do I have an annual deductible that must be met?	YES / NO
If yes:	
Has my deductible been met yet this year?	YES / NO
Are there a maximum number of visits allowed per year. If yes, what is this maximum number?	
What are the steps I need to take to submit claims for s	sessions with an out-of-network provider?
1	
2	
3	
4	

Questions for Out-of-Network Benefits

Where can I find a claim for	n to submit with my receipt for services?
	o which I should send my receipt?
Is there any other informatio YES / NO	n I should know to ensure my insurance coverage for these services?
If yes, specify:	
Record the name of the perso	n you spoke with and the date of your telephone call.
Name:	Date: