

# Outpatient Mental Health Benefits Summary

Fill this top portion in **BEFORE** you call your insurance company:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Look on the back of your card for a phone number for mental health. It maybe abbreviated as MH or MH/SA, as in mental health/substance abuse. If there is no number for mental health, call the member services number. This number is usually on the back of the card as well.

Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Patient's ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Fill in the following during your call. Keep a copy of this form and give a copy to your provider.**

Call your insurance company. Follow the prompts to speak with a representative about your benefits. If there is a specific prompt for mental health, go there.

---

Date of Call: \_\_\_/\_\_\_/\_\_\_ Time of Call: \_\_\_:\_\_\_ Spoke With: \_\_\_\_\_

When a representative picks up, say the following (make sure to say the words in italics):  
"I would like to find out what my ***outpatient mental health benefits are.***"

The representative will ask you for your identification information.  
Once they have identified you, ask the following questions:

1. "Does my plan cover outpatient mental health services?" **Yes**\_\_\_ **No**\_\_\_  
If they don't then you are done with the call. Speak to you provider about a cash payment arrangement if you still want to see him.
  2. "Is Dr. Ray Wm. Smith a contracted provider with \_\_\_\_\_?" **Yes**\_\_\_ **No**\_\_\_  
Insert your insurance's name here
    - a. If yes, proceed to the next questions.
    - b. If no, ask, "Does my plan have out-of-network out patient mental health benefits?"  
If not, then your call is complete. Speak with your provider about a cash payment arrangement.
- 
3. "Do I have a deductible on my plan?" **Yes**\_\_\_ **No**\_\_\_
    - a. If yes, ask, "How much is it?" \$ \_\_\_\_\_
  4. "Has it been met for the year?" **Yes**\_\_\_ **No**\_\_\_
    - a. If no, ask, "How much is remaining?" \$ \_\_\_\_\_
  5. "What date does my coverage renew on?" \_\_\_/\_\_\_/\_\_\_  
If the representative says, "calendar year" that means that your coverage starts over on January 1st.
  6. "How many visits do I get per year?" \_\_\_\_\_
  7. "How many visits have been used?" \_\_\_\_\_
  8. "Do I have a co-pay or co-insurance?" **Yes**\_\_\_ **No**\_\_\_
    - a. If yes, ask, "how much is it?" Co-pay \$ \_\_\_\_\_ Co-insurance \$ \_\_\_\_\_  
(A co-pay is an exact dollar amount for which you are responsible for each visit. A co-insurance is a percentage for which your are responsible for each visit. It is possible to have both.)

Continued on the next page

9. "Does my plan cover family therapy?" If asked for a procedure code tell them "90847" Yes\_\_\_ No\_\_\_
10. If applicable, ask, "Does my plan cover marriage counseling?" Yes\_\_\_ No\_\_\_
11. If applicable, ask, "Does my plan cover group therapy?" Procedure code: 90853 Yes\_\_\_ No\_\_\_
12. "Does my plan require a referral from my Primary Care Provider?" Yes\_\_\_ No\_\_\_
- a. If yes, contact your Primary Care Provider and ask them to give you a referral to see Dr. Ray Wm. Smith
13. "Does my plan require an authorization?" Yes\_\_\_ No\_\_\_
- a. If yes, ask, "What do I need to do to get an authorization?" Then follow the representative's instructions.
- b. Once an authorization is obtained, get the following information from the representative:
- Authorization Number** \_\_\_\_\_
- Date Range of Authorization : Start Date** \_\_\_/\_\_\_/\_\_\_ **End Date** \_\_\_/\_\_\_/\_\_\_
- Number of Visits Authorized** \_\_\_\_\_

**No further information is needed. You may end the call unless you have further questions about your insurance.**

**Be sure to bring a copy of this form to your first visit and go over it with your provider.**