

INSURANCE QUESTIONNAIRE

While we bill the insurance company for you as a courtesy and help facilitate your receipt of benefits, we are not responsible for whether your insurance company pays or not. To help you receive the best information regarding your mental health benefits, please contact your insurance company and ask the following questions. (These questions should be asked of each insurance policy you wish us to bill and for each family member that is seeing a counselor separately.) We ask that if you have not obtained this information before coming into our facility, that you please do so by your second session. Even though mental health benefits fall under the medical category, do not assume that you have benefits or that your benefits are the same for mental health as they are for medical expenses (they usually are quite different).

Do I have mental health benefits on my policy? If additional members of my family are seeing the counselor separately, do they have the same benefits? If yes,

- 1) Is my counselor covered under my policy? My counselor's credentials are **LICSW, Licensed Clinical Social Worker, ACSW**. (Some insurances will take only MD, PhD, or licensed agency.) Is my counselor a preferred/participating provider or considered out of network? If my counselor is not preferred/participating, do I have out of network benefits? Are out of network providers with my counselor's credentials covered? Does my counselor need direct supervision by a MD or PhD to be covered?
- 2) Is this an EAP (employee assistance program) or am I using my regular insurance policy only (or both)? [If EAP, has my counselor been sent a packet for billing (If so, check with counselor to see if received)? How many sessions has my EAP approved? After my EAP sessions are finished, and I wish to continue, can I continue with my current counselor or do I need a referral?]
- 3) What are my deductible and/or co pay/coinsurance? (Have I met my deductible for the year? If not, how much do I still owe? When does it start over again?)
- 4) Do I need preauthorization, a referral from my physician (ex: family doctor) or a gatekeeper (ex. Magellan, MHN, HMC), for any or maximum benefits? If yes, questions to ask your physician or gatekeeper:
 - a) How many sessions will they allow me to begin with?
 - b) If necessary, who obtains the extension on the authorization?
 - c) How soon will my insurance company receive the authorization so my sessions will be covered? (Client should check with insurance company a few days after expected date of receipt to see if authorization has been received.)
 - d) What are the start date and ending date of my authorization? Will it cover sessions I've already had?
- 5) How many sessions will my insurance cover or what is the maximum dollar amount per year my insurance company will allow?
- 6) What are the exclusions on the policy, if any? Will my presenting issue be covered? (ex: often marriage and family issues are not covered).
- 7) What is the correct insurance address to send claims to? Is it different than what's on my card? Is it different for a preferred provider vs. an out of network provider?