

Asking the following specific questions to a live representative can help:

Coverage Basics:

Do I have coverage for outpatient mental health services? YES // NO

Do you cover services for CPT code 90837 (individual therapy) YES // NO
or 90847 (family therapy)? YES // NO

Is there a pre-authorization required for routine services/the codes above? YES // NO

Deductible:

Is there a deductible for my health insurance? If yes, how much is that?

Is that deductible shared with in-network AND out-of-network providers? YES // NO

Is there a separate deductible for Individual benefits & the amount? _____

Family benefits & the amount? _____

Are my benefits for mental health services using the individual or family deductible?

As of today's date _____, how much of the deductible has been met? _____

Is my plan based on the calendar year? YES // NO If no, the year starts on _____

Copay and Coinsurance Details:

Do I have a copay for outpatient mental health services? YES // NO
If yes, what is the copay per session _____

Do I have a coinsurance for outpatient mental health services? YES // NO
If yes, what percentage of the "allowable amount" am I responsible for? _____%

Do I have to meet my deductible in order to access coinsurance rate? YES // NO

Is my provider a preferred provider/in-network for my plan? YES // NO
Provider Specific: Lesli Desai, LICSW 3500 SW Alaska St. Seattle WA 98126
(please use both the name and office address to confirm network status)

If my provider is not a preferred provider with my plan, do I have out of network benefits for outpatient mental health services? YES // NO

If yes, how does the coverage differ for out of network benefits for outpatient mental health services?

Where should my provider send claims for my plan? ("Payor ID" and Claims Address)