

Glovan, Pollak and Associates LLC
THE BEHAVIORAL WELLNESS GROUP

CALLING YOUR INSURANCE COMPANY REGARDING MENTAL HEALTH BENEFITS

The following questions are helpful for you to ask of your insurance company, since mental health benefits at times are handled differently than your medical benefits.

Please call the toll free number, usually on the back of your insurance card, for **mental health/behavioral health benefits**. If you don't have a card, check your benefits manual for the phone number. Please ask the following questions:

1. Are mental health benefits covered under my plan?

Individual psychotherapy? (90791/90834/90837)

Family psychotherapy? (90846/90847)

Group psychotherapy? (90853)

Psychological testing? (96130 96131 96136 96137) *(See also Separate Insurance Question Form for Psychological Testing)*

Intensive Outpatient Programs (IOP)? *(See also Separate Insurance Question Form for Intensive Outpatient Program - IOP)*

Telehealth / Telemental health / Telebehavioral health?

2. Do I need prior authorization for any of the above?

3. The provider I am seeing is _____ . Is he/she "in" or "out" of network for my plan?

**4. If "out of network", do I have "out of network" benefits?
What is my out of network benefit?**

**5. What is my annual deductible?
Is this per calendar year? What dates constitute a calendar year?**

6. What is my annual mental health deductible?

7. Is there a limited number of sessions per calendar year?

8. What is my mental health copay/co-insurance?

9. Is there a maximum dollar amount per year that insurance will pay?

10. Is there a maximum out of pocket amount that I will pay before insurance pays 100%?

Who Spoke With _____ Date _____

Please complete and forward prior to or bring to your first appointment