

Name: \_\_\_\_\_ Date of call: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Member Identification number \_\_\_\_\_

When calling for this information, specify that you are calling about "OUTPATIENT MENTAL HEALTH SERVICES". Often, mental health coverage is managed differently from general medical services. Please gather all of the information listed below so that our work together will not be hampered by reimbursement concerns and distractions.

1. Does the MENTAL HEALTH portion of your coverage have me listed provider panel?  
\_\_\_\_\_

2. If not, will a portion of my services be covered by an out-of-network provision? \_\_\_\_\_ If "yes", what percentage will be covered? \_\_\_\_\_

3. Is pre-authorization required for MENTAL HEALTH services? \_\_\_\_\_

4. If "yes", tell them the date scheduled for our first visit and ask them to give you the Authorization Number \_\_\_\_\_

And the number of sessions authorized \_\_\_\_\_

5. Please also find out if you have a MENTAL HEALTH deductible and if a portion has already been met, and also your copayment amount.

Yearly deductible \_\_\_\_\_

Amount of deductible already met \_\_\_\_\_

When does benefit year begin? \_\_\_\_\_

Copayment \_\_\_\_\_

6. Please ask for the address where I need to mail MENTAL HEALTH Claims:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. In case I have additional questions or require other information:

What number did you call? \_\_\_\_\_

With whom did you speak? \_\_\_\_\_

Thank you! Accurate information will help the insurance billing process.