

Insurance Benefits Inquiry: Client Script Instructions

To determine and verify your health insurance benefits and coverage, I am requesting that clients call their health insurance company. Client must verify copay or coinsurance, number of sessions approved, and verify individual psychotherapy with me is a covered service under your specific health insurance plan. These actions will help provide uninterrupted therapy services to you and other clients. Please refer to this document, that you can print and fill out, to guide you through the process of checking your benefits. Please contact me if you have any questions and/or are unable to do this, and I will assist you through this process as best as I can.

SPECIAL NOTES:

- Always DOCUMENT EVERYTHING when corresponding with your insurance company. If they reject your claim or provide inaccurate information, this gives you recourse to contest the claim.
- If you are not the primary insured (policy owner), you will likely need the primary insured's name, member ID number, and their birthdate in addition to your own information (*Example: a college student who is listed under her guardian's health insurance policy*).
- If you cannot understand the agent due to a language barrier, it is perfectly acceptable to ask to be transferred to a different agent and/or request to speak to their supervisor.

Helpful Definitions:

Primary Insured- The person who owns the insurance policy. This person is generally the intended policyowner and is listed as applicant on the premium due page after a policy is issued.

Primary Insurance: Primary insurance is a health insurance plan that covers a person as an employee, subscriber, or member. Primary insurance is billed first when you receive health care. For example, health insurance you receive through your employer is typically your primary insurance.

Secondary Insurance: a health insurance plan that covers you in addition to your primary insurance plan. Typically, secondary insurance is billed when your primary insurance plan is exhausted and may help cover additional health care costs. For example, if you already have insurance through your employer and choose to enroll with your spouse's health insurance plan (if allowed), that coverage would become your secondary insurance.

In-Network- A provider network is a list of the doctors, other health care providers, and hospitals that a plan contracts with to provide medical care to its members. These providers are called "network providers" or "in-network providers."

Out of Network- A provider that isn't contracted with the plan is called an "out-of-network provider." You may have out of network benefits providing reimbursement for services from providers who are out of network.

Deductible- The amount you pay for covered health care services before your insurance plan starts to pay. This means you are responsible for the full rate of services until deductible is met, unless otherwise stated in your plan. When you have paid enough in medical costs that the sum of costs equals your deductible, it often referred to as "meeting your deductible." With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services.

Copay- The copay is a fixed amount you pay for a health service, such as a doctor's appointment or counseling session. This payment is made to the provider (therapist). The amount of the copay depends on your health plan. Your health insurance plan may have different copay amounts depending on the service. For example, your plan may require a \$40 copayment for office visits and a \$60 copayment for "specialty" services. Your specific health insurance plan determines what is considered "specialty". Many plans will require deductible be met before copay amount "kicks in", making you responsible for the full rate of services until deductible is met. Once deductible is met, the copay is, likely, the only amount you are responsible to pay for services, unless otherwise specified by your health plan (services not covered by your plan).

Coinsurance- This is your share of the costs of a health care service. This amount is determined by your health insurance plan by setting a coinsurance percentage. The percentage given for the health care services is the percentage of the total cost of the service you are responsible for paying to the provider. For example, if one session were to cost \$150 and your plan pays 70 percent (\$105), the 30 percent you pay is your coinsurance (\$45). You pay the amount to the health care provider (therapist).

Insurance Benefits Inquiry: Client Script Template

*CLIENT DEMOGRAPHICS (Have this information ready prior to your call)

Client's Full Name:		Client's Birthdate:	
Client's Home Address:			

*CLIENT INSURANCE INFORMATION (Have this information ready prior to your call)

Client's Member ID:			
Primary Insured's ID: <i>(if different from Client)</i>		Primary Insured's Birthdate:	
Insurance Phone #:	*Insurance phone number can be found on the back of your insurance card and may be labeled under "Customer Service, Behavioral Health, MHSA, Mental Health, etc."		

INFORMATION NEEDED AND QUESTIONS TO ASK

Insurance Coverage In-Network/Out of Network:	Ask the agent if I am approved to provide you with individual psychotherapy services (in-network). You may need to give them the following information for them to verify this: Provider Name: Patrick Frame, MSW, LCSW Provider Type: Licensed Clinical Social Worker in an outpatient office setting Rendering Provider NPI (Type 1): 1043784382 CPT Billing Codes to be Used: 90834 (45 min. appts.), 90837 (60 min. appts.)		
Coverage/Benefits:	Mental Health Deductible amount:	\$	
	Copay:	\$	Coinsurance: \$
Is Telehealth Covered?	No		Yes
Is an Authorization Code Required?	No		Yes
If an Authorization Code is required:	Authorization Number is: Additional Details (e.g. date range, number of sessions allowed, preapproval needed, etc):		
Does my therapist need to do anything special to ensure my sessions or telehealth sessions are covered by insurance?			
Is there any other important information I need to know?			

Date:		Agent Name:		Call Reference #:	
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Insightful Minds Counseling, LLC | Patrick Frame, MSW, LCSW

Rendering Provider NPI:	1043784382	
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Practice Address:	2220 S State Rt 157 Ste 200F	Glen Carbon, IL 62034
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