



Insurance companies will only reimburse for fully licensed mental health professionals. If your therapist is licensed the following is a guide to help you understand your insurance benefits and necessary questions to ask. You should be able to locate the appropriate phone number on the back of your insurance card which may be different for Mental Health/Substance Abuse and/or Behavioral Health.

Please make sure to request outpatient mental health benefits when calling. Ask and complete the following:

Does your plan cover counseling by a Licensed Marriage and Family Therapist? _____

Does your plan pay for out-of-network benefits? _____

Is there a deductible? _____ If so, have you met the deductible? _____

What percentage of the deductible has been met? _____

What is your co-pay or percentage you are expected to pay? _____

Does your plan cover family therapy (CPT Codes 90847 & 90846)? _____

Is there a limit on visits per year? If so, how many visits per year are you issued _____ How many visits have you used? _____

Do the service limits run per traditional calendar year? _____

If not, how does the year run? _____

Do outpatient mental health services require authorization? _____ Is a treatment plan required? _____

If authorization is required and you are planning on family therapy, or if patient is a minor, please inform the insurance company that you are requesting family and individual visits.

If any services you are requesting, require authorization, please obtain the authorization number and list here: Auth Number. _____ Effective dates:

from _____ to _____ Auth good for how many sessions _____

Are there any mental health diagnoses excluded under your mental health plan, related to your presenting concerns (e.g., depression, ADHD, Autism Spectrum Disorder, etc?)

Inquire regarding a submittal address for mental health services (this is not always the same as what's shown on your card) _____

Name of representative you spoke with: _____ Date of call: _____