



## Out of Network Benefits Worksheet

This worksheet is provided as a guide to help you understand the complicated insurance rules that exist and the many complicated caveats of insurance companies and benefits. This office assumes no responsibility for the accuracy of information you are given by your insurance company or their promise to reimburse you for treatment. This worksheet serves to inform you of some of the nuances of dealing with your insurance company and help you make an informed choice about seeking treatment from a provider of your choice.

When you call your insurance company:

- 1) Write down the name of the person you are speaking to. Name: \_\_\_\_\_
- 2) Do I have Out-of-Network benefits for mental health?  Yes  No
- 3) If you have out-of-network benefits for mental health, ask what percentage of the fee they cover?  
\_\_\_\_\_ % Covered / \_\_\_\_\_ % Not Paid by Insurance = 100%
- 4) What do they consider a "reasonable and customary fee for the service you are seeking?"

-this is an area where insurance companies complicate things and confuse many people. you may be told that, for out-of-network therapists they will pay 80% and you have to pay 20%. The hidden catch, or caveat, is they will often only pay a percentage of what they determine is a "reasonable and customary fee." This dollar amount isn't set by what therapists in your area really do charge. It is only, and strictly, set by the insurance company to contain costs. Moreover, some insurance companies will not even provide you with the amount they consider "reasonable and customary." You need to be careful and insist that they provide you accurate information so that you can make an informed choice about the provider you see, your treatment, and your overall care.

-some insurance companies will not tell you what fee they consider reasonable and customary is, but they will tell if a given fee is within the limit they consider reasonable and customary.

(a) If you are trying to come to this office ask them if the fee for the service you are seeking is considered reasonable and customary by them. Be very specific and use the current fee/payment information and ask them. Does this insurance plan consider \$\_\_\_\_\_ (fee) to be a reasonable and customary fee for \_\_\_\_\_ (service you are seeking). If you are not sure what services you will want, then ask the fee for all the services provided.

- 5) How long will it take to get reimbursed? \_\_\_\_\_
- 6) What is the minimum information that needs to be on my receipt for services so that I can get reimbursed? \_\_\_\_\_  
\_\_\_\_\_

- 7) Where do I mail the receipt and is there anything else I need to send in with it?

## Simplified Worksheet

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Spoke to: \_\_\_\_\_

Out-of-Network Coverage: \_\_\_\_\_% covered / \_\_\_\_\_% not covered

Reasonable and customary fees for:

(use current office fees on website if you have to provide them fees)

Individual Therapy (45-50 Minutes) \_\_\_\_\_

Family Therapy (45-50 minutes) \_\_\_\_\_

Group Therapy (45-50 minutes) \_\_\_\_\_

What information needs to be on the receipt for services I paid for so that I can submit it for reimbursement? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Full name                     | <input type="checkbox"/> Date of Service |
| <input type="checkbox"/> CPT Code for Service rendered | <input type="checkbox"/> ICD Diagnosis   |
| <input type="checkbox"/> DSM Diagnosis                 | <input type="checkbox"/> Amount Paid     |
| <input type="checkbox"/> Provider Signature            | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Other _____                   | <input type="checkbox"/> Other _____     |

Mail receipt for services to:

