

OUT-OF-NETWORK REIMBURSEMENT CHECKLIST

Many of my clients obtain out-of-network reimbursement for a portion of their fees paid. You can use this checklist to help you estimate how much your insurance company may reimburse you for my office fees.

Contact your member services department to verify if your plan offers out-of-network benefits for outpatient mental health in the office. The number should be located on your insurance card.

If out-of-network benefits are available, you should ask:

1) Claims Address: _____

2) Do I have a deductible? YES or NO Deductible Amount: _____

3) What is the maximum number of visits per year? _____

4) What percent of reimbursement is covered under my benefit? _____

5) What is the out-of-network reimbursement rate for the various procedure codes below?

90801 – (Initial Psychiatric Interview): _____

90805 – (Brief therapy with medication management, 25 min) _____

90806 – (Therapy session, 50 min) _____

90807 – (Therapy session with medication management, 50 min) _____

6) How do I submit claims? _____

7) Is Authorization Required? YES or NO

How do I obtain authorization? _____

Effective date: _____ Expiration date: _____

Number of visits: _____ Procedure Code Approved: _____