

Insurance Benefit Check Worksheet

We attempt to make this "easy" by using the verification form to assist you in gathering essential information from your insurance provider regarding your counseling benefits. If you opt to utilize your health insurance policy for your therapy expenses, it's crucial to comprehend your coverage details, including co-pays and deductibles. You can use this for verifying both in-network and out-of-network plans. **We will always verify in-network benefits – out-of-network benefit verification must be done by the patient.**

In Network Plans

Center for Personal Wellness is considered an in-network provider with Anthem Blue Cross Blue Shield, Medical Mutual, Medicare, and Tricare East and we will take care of all billing in-network.

Out of Network Plans

Center for Personal Wellness will send in out-of-network claims for those who request it as a courtesy (Please note, some companies may not allow electronic billing and we will not be able to assist with paper billing). You may also request superbill, which we can provide automatically for you each month. You can send this in directly to your insurance company.

A few important notes:

- Ensuring payment for services remains ultimately YOUR responsibility.
- If you have a copay or deductible, Center for Personal Wellness will charge the card on file once the information is available on the insurance portal.
- In the event of a misquote or if your insurance were to deny a claim, you will be responsible for any copay, coinsurance, deductible, and/or the remaining balance.
- Full payment is due at time of service for any out-of-network patients and any reimbursement will be made by the insurance company to you directly.

How To Determine Your Coverage

This worksheet will walk you the process step-by-step of understanding what is covered in your plan. Ready to check your coverage? Awesome - you can do this!

Step 1: Read the entire worksheet on the next page.

Step 2: Call your insurance company and complete the worksheet.

Step 3: Submit this worksheet, along with a photo of the front and back of your insurance card to billing@cpwminster.com

How To Call Insurance About Counseling Coverage

1. Call the member services number on the back of your card. Make sure to speak with someone directly, instead of the automated system.
2. Say: "Hello, I would like to ask a few questions to find out what my out-of-network coverage is for mental health counseling sessions in an outpatient setting."

The following is a list of helpful questions to ask your insurance provider to determine coverage provided, if any, for mental health services.

1. How much is my out-of-network deductible for mental health services? _____
2. How much of my deductible has been met? _____
3. What is my co-insurance percentage? (i.e. 40%, 20%, etc.) _____
4. Does my policy require pre-authorization for mental health services? Y/N
5. How many out-of-network mental health services/therapy visits do I have? _____
6. Is there a maximum amount that my plan pays for out-of-network mental health services/therapy? Y/N _____

Disclaimer: I understand that I am responsible to obtain accurate information about my insurance benefits. If the above information is inaccurate, reimbursement for therapy sessions may be less than expected, or not covered by insurance at all.

Reference # for the Call: _____ Date: _____