

PHOENIX PSYCHOTHERAPY, PLLC

Questionnaire for Determining Behavioral Health Insurance Benefits

Try to answer each question, and make longer notes if you need to, so you can be clear about the coverage. You will need to have this information before you call:

Patient's name: _____ Phone Number _____

Patient's date of birth: _____ Patient's ID/SS #: _____

Policy holder's name (if different from patient): _____

Policy holder's date of birth: Policy holder's ID/SS #: _____

Policy holder's employer: _____

Address of policy holder's employer: _____

Name of MCO or other insurer: _____

Policy #: Group #: Renewal date: _____

Name of any behavioral health subcontractor: _____

Phone # _____

Buttons, prompts extensions _____

Date(s) called _____ Name(s) of representative(s) spoken with _____

1. Is this specific patient covered under this policy? Yes No

2. Are services for treating "mental and nervous disorders" covered? Yes No

Are services for treating "drug and alcohol disorders" covered? Yes No

3. Is "outpatient psychotherapy" or "outpatient mental health/behavioral health treatment" for these disorders covered? Yes No

4. Will the insurance pay for these kinds of treatment? Individual psychotherapy Yes No

Family therapy Yes No Psychological testing Yes No

Drug and alcohol treatment Yes No Medication prescription and monitoring Yes No

Other:

5. Does the insurance company require either DSM or ICD diagnoses, or both, or neither? (Circle)

6. Are services provided by a licensed psychologist, social worker, or other mental health professional covered?

a. Are additional credentials required? No Yes (If yes, which?)

b. Is referral by a physician required? No Yes

c. Is supervision by a physician required? No Yes

d. Is consultation with a physician required? No Yes

7. Is therapist a "participating" or an "eligible" provider under this particular insurance plan? Yes

8. Is there an exclusion for "preexisting" conditions? Are these present in this case?

9. Are there excluded diagnoses? (Ask about ADHD and learning disorders, ODD, borderline personality disorder, conduct disorder, chronic pain, or others as relevant.)

10. Is there a "copayment" that the client must pay for each treatment session? No Yes (If yes, how is it calculated?)

11. Is there a deductible that must be paid by the patient before the insurance company will pay anything? No Yes (If yes, how much is it?)

Is this deductible per year, per calendar year, per person/client, per family, per diagnosis (underline which) or some combination of these?

12. Will the insurer pay the entire amount of allowable charges (after the deductible) for reduction mental health services, or does it reduce the coverage for mental health services? Yes No (If yes, how much? \$ or %)

13. Is there a limit on the amount the insurance will pay for mental health services in a year or a lifetime No Yes? (If yes, \$ per year and/or \$ in lifetime. How much of this remains available? \$)

14. Is there a limit on the number of visits/sessions per year or by diagnosis? No Yes, per year. Yes, by diagnosis:

15. If the spouse, the parents of a child patient, or the whole family is seen are these visits covered differently than visits of the patient alone? No Yes (If yes, how?)

16. Will the policy pay for sessions longer than 1 hour? Yes No

17. If we must meet for two sessions on a single date, will insurance pay for it? no only a single session per day? Only one mental health session

18. Will insurance pay for more than one session per week? No Yes, as decided by the professional

19. Coordination of benefits: What rules apply if more than one insurance company is providing coverage for this patient and claims are submitted to both companies? (Which has priority?)

20. Are there any other rules, requirements, forms, or procedures that we should be aware of? This may vary by insurance plan.

21. Authorized treatment (treatment Number): _____

Starting date: _____ Number of sessions: _____ Dollar limit: _____

Authorization renewal date:

22. Where are claims forms to be sent?