IDENTIFYING YOUR OUT OF NETWORK BENEFITS

ANY therapist who is not a contracted (aka "in-network") provider for your health plan is by default an "out of network provider."

Call when you have at least 20+ minutes, in case you need it. Find the customer service phone number on your insurance card – if there is a phone number specifically for "mental health" or "behavioral health", call that one. When speaking to customer service, you can read these questions verbatim. The sentences in italics are there to give you some context for what you're asking.

1. **Is preauthorization required for outpatient mental health services?** _____

2. How many sessions are allowed per year? *(Some plans will say it depends on the diagnosis; different rules sometimes apply to more severe/chronic conditions than to more mild/transient conditions. Take down all the info you can.)* _____

_____

3. What are my plan's <u>out-of-network benefits,</u> if any? *(You are asking what portion of my fee your insurance will cover):*

_____

_____

4. What is my deductible? _____ **Does that apply to mental health, medical, or both?** _____

_____

5. How much of my deductible has been met so far (the part that applies to mental health benefits)?

_____

6. How do I submit psychotherapy receipts/ claims for reimbursement? _____

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My legal name, May Tift, is on my LMFT license, #MFC45895.