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Health Insurance Questions to Ask Your Insurance Company for In-Network or Out-of-Network Benefits

Contact the Customer Service or Mental Health Benefits Department phone number on the back of your health insurance card. Write down the answers you receive to the questions below. Be sure to get the name of the health insurance company employee with whom you speak. Keep this paper for your records in the event you need to follow through with questions/concerns about your claims.

Name of health insurance representative _____
Date/Time of call _____

In-Network Questions: (I participate with Anthem Blue Cross and Blue Shield)

1. Does my insurance cover outpatient mental health benefits? ____ Yes ____ No
2. Is my therapist In-Network? ____ Yes ____ No
3. Copay amount? \$ _____ Deductible amount? \$ _____
Has my yearly deductible amount been met? ____ Yes ____ No
4. Number of yearly mental health visits allowed? _____

Out-of-Network Questions:

1. Does my policy cover Out-of-Network LPCs (Licensed Professional Counselors)?
____ Yes ____ No
2. Does my policy cover Individual Psychotherapy? (CPT code 90806) ____ Yes
____ No
3. My therapist will provide a statement giving charges per session, session dates attended, the CPT code, and the diagnosis. Is this acceptable to the insurance company? ____ Yes ____ No
4. What is my Out-of-Network Deductible? \$ _____
5. How many sessions are covered per year? \$ _____
6. What is the Allowed Amount of the fee? \$ _____
(My fee for an individual counseling session is \$80.)
7. What percent of the Allowed Amount will be reimbursed? _____ %
8. How do I file a claim? _____