Insurance Benefits Worksheet

What to Ask Insurance Companies Regarding Your Benefits

Do I have mental health benefits? ____ yes _____ no

If yes, ask: What company manages my mental health benefits? _____

Is Dr. Sharon Phillips & Associates listed as a provider on my plan? _____ yes _____ no

If no, ask: Do I have out-of-network benefits for mental health? _____ yes _____ no

Also ask: Is there an out-of-network deductible? _____ yes: $_____
_____ no

What portion of the cost is covered? _____

Do I need authorization in order to begin treatment? _____ yes _____ no

What is my:

Deductible? $_____ Co-pay each visit? $_____

Number of sessions per year? _____

A **copay** is a fixed dollar amount (for example, $15) you pay for covered health care.

A **coinsurance** is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for a psychotherapy session is $100, your coinsurance payment of 20% would be $20. This may change if you haven't met your **deductible**. The amount the plan pays for covered services is based on the allowed amount.

A **deductible** is the amount you pay before your insurance begins to pay. A deductible is a set dollar amount. Your insurance company will begin to pay AFTER the full deductible has been paid. For example, if you have a $2000 deductible, you will be responsible for paying all expenses for services you receive until you have paid $2000. After the deductible is paid (met), you may still have to pay a copay or coinsurance every session, depending on your individual policy.

If your provider is **out-of-network** with your insurance company, your charges will be more than the allowed amount, and you will have to pay the difference. For example, if your out-of-network provider charges $140 for an hour of psychological assessment and the allowed amount is $80, you will have to pay the $60 difference. (This is called balance billing.)