

QUESTIONS TO ASK ABOUT INSURANCE BENEFITS

Date Called: _____ Contact Person: _____

1. Date coverage is effective: _____
2. How many visits per calendar year: _____
3. Is there a deductible? _____ Yes _____ No
4. How much is the deductible? _____
5. Is it met? _____
6. Does the patient have a co-payment? _____
7. Is Dr. Back in network (give them our Tax ID-71-0555559)? _____
8. If yes, do you have outpatient mental health benefits? _____
9. Do you need to have prior authorization (if so, get it now)? _____
 - a. Do you need pre-authorization for 96102 (psychological testing), 90889 (preparation of psychiatric history report), or 99409 (substance abuse assessment)? If so, ask them to fax us the necessary form.
10. If no, does the patient have out of network benefits and do we need authorize sessions?

Name and address of who to bill for mental health benefits:
