

## **KNOW YOUR HEALTH BENEFITS**

Know that, although you have insurance, your bill for any medical services (including mental health) is your responsibility. It's in your best interest to know and understand your benefits in order to prevent unwelcome billing surprises. Some insurance providers also have limitations for mental health services.

This form is designed to help you ask the questions that will help you understand your insurance coverage benefits and limits so that you can make informed decisions and plans about your health care.

Start by turning over your insurance card. You will likely find a member services phone number on the back. This is the number that you will call to ask the following questions. When the customer service representative answers, let them know that you are calling to verify and to understand your benefits for mental health services.

Questions to ask your insurance company or the person through whom you receive insurance coverage:

- Do I need to get prior authorization for mental health services? \_\_\_\_ yes \_\_\_\_ no
- Do I need a referral from a physician for mental health services? \_\_\_\_ yes \_\_\_\_ ne
- How many visits are covered per authorization or year? \_\_\_\_\_
- Do I have a deductible? \_\_\_\_ yes \_\_\_\_ no If yes, how much is it? \_\_\_\_\_
- Do I have a co-insurance? \_\_\_\_ yes \_\_\_\_ no If yes, how much is it? \_\_\_\_\_
- Do I have a co-payment? \_\_\_\_ yes \_\_\_\_ no If yes, how much is it? \_\_\_\_\_
- What is my maximum out-of-pocket expense? \_\_\_\_\_
- Are there any exclusions? (e.g. pre-existing conditions, types of services)

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-Website where I can find an in-network provider directory for my area:

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-Name of insurance representative with whom I spoke: \_\_\_\_\_

-Telephone number I called: \_\_\_\_\_