QUESTIONS TO ASK YOUR INSURANCE COMPANY

Health insurance policies are an agreement between you and your insurance company. To help you understand what coverage you can expect in relationship to outpatient psychotherapy (counseling), simply call your insurance company and ask the following questions. Although not every area of treatment is covered on this form, it should clarify most questions and be useful in submitting claims.

Date you called your insurance company:
Name of the person who gave you the information:
Does my policy cover outpatient psychotherapy? Yes No
Does my policy require pre-certification or pre-authorization for treatment? Yes No
If YES, how many visits will be pre-certified?
What are the effective dates of the authorization?
What is the authorization number?
What is the address my provider will use to mail my claim forms?
Does my Policy cover out patient psychotherapy? Yes No
Does my policy require pre-certification or pre-authorization for treatment? Yes No
If Yes, how many visits will be pre-certified?
What are the effective dates of the authorization?
What is the authorization number?
What is the address my provider will use to mail my claim forms?
Does my policy require a referral from a doctor within my network? Yes No
Do I have to choose a mental health provider within my network? Yes No
If No, do I have out of network benefits? Yes No
What are my out of network benefits?
Is Shannon Tabor, LPC an "In Network Provider" Yes No
Are there limits to my coverage? Yes No
If Yes, what are those limits?
Are there limits to the number of visits allowed? Yes No

If Yes, how many visits are allowed per year?
Is this per calendar year or contract year?
What is my deductible?
Is that yearly? Yes No
Has it been met? Yes No
On what date does the deductible begin?
Are there separate deductibles for physical and mental health? Yes No
Do I have co-pay or a co-insurance payment? Yes No
If yes, how much is it or what is the percentage per visit?