

Knowing What To Ask To Learn About Out-Of-Network Insurance Benefits

Information to have on hand when calling your insurance company

1. Name as it appears on your insurance card
2. Date of birth of client
3. Insurance ID number, including any suffix
4. Contact information for Provider: Mark O'Brien, 605 N Michigan Avenue, (312) 316-7703

Questions to ask your insurance company

1. What is my out-of-network benefit for outpatient mental health?
2. What is my coverage for these services and professional fees billed by Mark O'Brien:
 1. Diagnostic session (first two appointments), code 90791, professional fee is \$215
 2. Individual therapy, code 90837, professional fee is \$190
 3. Family therapy, code 90847, professional fee is \$215
3. Is a pre-authorization for services required?
4. How many sessions do I get under this benefit?
5. Is Mark O'Brien an acceptable provider for this benefit (they may ask for my tax ID number, 45-5605138, or my NPI number, 1932427986)?
6. What are the plan deductibles (note: until this deductible is paid in full, you will still have to pay *any provider, even those within your insurance network*, their full fee until the deductible is fulfilled; for example, if you're deductible is \$5,000 and a provider *in your network* has a session fee of \$175, you will still have to pay the full \$175 per session until you have fulfilled the \$5,000 deductible)?
7. What is the policy year (i.e. Jan 1– Dec 31)?
8. How much of the deductible has been met this year to date?
9. How do I get reimbursed directly once my deductible has been met?
10. To what mailing address, e-mail address or fax number should my superbills be sent (note: the superbill is your receipt of payment)?

Please note that I cannot guarantee coverage of services and my clients are responsible for payment at the time of service. I hope you find this out-of-network insurance guide helpful though to make the most of your insurance benefits if you decide to utilize them for counseling.