

GUIDE FOR CLIENTS:
CHECKING YOUR COVERAGE TO SEE AN OUT-OF-NETWORK THERAPIST

BEFORE CALLING INSURANCE: INFO TO GET (SOME IS ON YOUR INSURANCE CARD)

1. Insurance I.D. #: _____ Group #: _____
2. Primary Subscriber on the Insurance: _____
3. Your Relationship to Primary Subscriber: _____
4. Primary Subscriber's Birthdate: ____ / ____ / ____ Your Birthdate: ____ / ____ / ____
5. Subscriber's Employer _____
6. Insurance Plan Phone Number (The card may say "Member Services," "MH/SA Benefits," "Behavioral Health," "Mental Health Coverage," "Eligibility and Benefits," or simply "Customer Service"): _____

THE CALL: WHAT TO ASK THE INSURANCE COMPANY

NOTE YOUR CALL DATE: ____ / ____ / ____ REPRESENTATIVE NAME _____

<p>1. I am seeking outpatient mental health benefits in an office setting (or via telehealth). Does my plan cover out-of-network providers for this service? If so, what is the coverage? What is my coinsurance? (this is the percentage of the fee you will have to pay for the services)</p>	<p>CPT Code 90791 (intake appointment): _____</p> <p>CPT Code 90837 (60 min psychotherapy session): _____</p> <p>CPT Code 90834 (50 min psychotherapy session): _____</p>
<p>2. For telehealth: Is the coverage temporary? If so, until when?</p>	
<p>3. What is my Out-of-Network deductible? (The deductible is the amount you must yourself before the plan begins paying at all). You may have a separate deductible for in-network providers and one for out-of-network providers.</p>	
<p>4. How much of the out-of-network deductible has been met so far this year?</p>	
<p>5. My therapist charges \$_____ per session. Is this within the Allowed Amount or UCR (Usual, Customary, and Reasonable Fee) for an Out-of-Network Provider? If not, what is the Allowed Amount? (Some plans may cap the amount they allow, and reimburse based on this, but may not disclose the Allowed Amount)</p>	
<p>6. Are there any limits to the number of sessions per year?</p>	
<p>7. When do benefits start and renew (you want to know when your deductible renews)? Is my coverage active?</p>	<p>Effective: ____ / ____ / ____</p> <p>Renew: ____ / ____ / ____</p>
<p>8. What is the Out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)</p>	
<p>9. Can you give me a Call Reference Number for this call?</p>	

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