

**www.gunnpsych.com**

**Gunn Psychological Services, Inc.**

**Offices In Rancho Cucamonga and Pasadena, CA**

**info@gunnpsych.com**

**909-989-4055**

**INSURANCE BENEFITS FOR THERAPY**

Name of Client (i.e. the person who will receive services):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company (e.g. IEHP, Anthem Blue Cross, Magellan, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Subscriber ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy Holder’s Name and Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The Insurance Policy holder is typically yourself, a spouse or a parent, i.e. typically whoever is paying for the insurance plan or whoever is administered the plan through their employer.
* Please note that if you are not the primary insurance policy holder, the policy holder will receive a statement of the services you received if you bill those services through insurance. Typically, this information includes the date of service, the type of service (e.g. therapy or assessment) and the diagnosis. For example, a 20 year old college student who is still covered under his/her parent’s insurance plan, should expect their parent to receive a statement of the services provided. This statement would be sent by the insurance company and not by Gunn Psychological Services.

Potential Client’s Relationship to the Insurance Policy Holder (e.g. spouse, child, etc):)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a secondary insurance, please list it here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (street, city, state, zip code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact method (For our office to contact you, if you leave this form with us):

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to verify your insurance coverage and benefits *for Therapy*, please call your insurance company and do the following. There should be a toll free number on the back of your card that says “Member Benefits” or “Member Services.” Start by calling that number and ask for/record the following information:**

Phone Number you are calling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person you are speaking with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of your call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will want to tell your insurance company representative that, **“I would like information on the out-patient mental or behavioral health coverage on my plan.”** They will ask you for your insurance account number and other identifying information so have your insurance card handy.

You will then want answers to the following 7 short questions:

1. **“What is my copayment for an outpatient office visit?”** \_\_\_\_\_\_\_\_\_\_\_\_ (If they need a “CPT code” you could give them 90791 and 90837).
2. **What percentage of services are covered after my copayment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Do I have a Co-Insurance on the plan?** \_\_\_\_\_\_\_\_ **If so, what is the percent** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note – co-insurance means that once a bill is submitted for services, your insurance plan will pay a percentage of the service fee and then send you a bill to pay the remaining percentage. For example, if you received a $100 service and had a 30% co-insurance, your insurance plan would pay $70 and send you a bill stating that you were required to pay the remaining $30 to the business that provided the service)

1. **Do I have a deductible that must be met before my insurance benefits apply?** \_\_\_\_\_\_\_\_\_\_\_\_

 If so, how much is the deductible?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has any of the deductible been met?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If there is a deductible, when does it reset?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note - deductibles typically reset once per year. When that happens you will again be responsible for paying the entire deductible amount before your insurance benefits apply)

1. **Is Pre-authorization needed for therapy services?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **We recommend you ask specifically about the billing codes** (also known as “CPT codes” – this is probably what the insurance agent will call them) for the therapy services you are interested in. They include:
	+ 90791 – intake (i.e. first) session
	+ 90837 – individual therapy
	+ 90846 and 90847 – Family therapy
	+ 90853 – group therapy
* Note – couple’s therapy is usually not covered by medical insurance
1. **Is there a limit on the number of allowed therapy sessions per year?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Is a parity diagnosis required in order for the benefits to apply?\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note – if a parity diagnosis is required, then this means that your therapist must determine that you meet criteria for a “severe mental illness” in order for the insurance plan to pay for the services. Examples of such illnesses include Major Depressive Disorders, Bipolar Disorder, Anorexia Nervosa, Bulimia Nervosa, Obsessive-Compulsive Disorder, Panic Disorder, Autism Spectrum Disorder, Schizophrenia and Schizoaffective Disorder)

**Be sure to ask the representative any other questions you have in order to clarify your benefits and fully understand your financial responsibility as it pertains to your insurance plan.**