

**www.gunnpsych.com**

**Gunn Psychological Services, Inc.**

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

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**909-989-4055**

**INSURANCE BENEFITS FOR THERAPY**

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

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

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.**