



Tips for Making the Call to Determine Your Out-of-Network (OON) Insurance Benefits

You will be responsible for direct payment of the session fee to your therapist. Request a "Superbill" from your therapist.

Before you call:

1. Look for the current phone number for insurance benefit information. Usually a number specified for the "Customer" located on the back side of your insurance card.
2. Have your policy number available (usually on the front side of the insurance card). The Representative will ask for other personally identifying information for the primary insured and the person to receive care. Keep this card close by in case additional information is requested. \
3. If you determine your insurance plan is an HMO (Health Maintenance Organization) services provided by Pinnacle Counseling will not be eligible for reimbursement. This office is not a participant in any health insurance plans or credentialed by any health insurance company.

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Print this form and use it to record the information you are given
Please save this completed for your reference.

Date: _____

Name of Representative _____

Confirm your policy's

Start Date _____

End Date _____

1. Do I have Out-of-Network Benefits? Yes ☐ No ☐

If this answer is **"no"**, Close the Call. You do not have Out-of-Network benefits and no portion of your fee will be reimbursed to you by your insurance company.

a If **"yes"**, Are there any limitations on mental health conditions? (For example, limited to treatment for Substance Abuse.) Yes ☐ No ☐

c If **"yes"**, what are the limits? _____

2. Do I have a deductible? (A deductible is the amount you will pay out of pocket before your insurance company will provide reimbursement to you)

a Yes ☐ No ☐ If **"no"**, go on to question 3

b If **"yes"**, what is the deductible? Individual \$ _____ Family \$ _____

c Have I met the deductible? Yes ☐ No ☐

d If **"no"**, how much has been met? Individual \$ _____ Family \$ _____

3. Do I have a co-insurance fee OR a co-pay? Yes ☐ No ☐ If **"no"**, go on to question 3

a If **"yes"**, what is it? Co-Insurance \$ _____ Co-pay \$ _____

b Does that cover the FULL billed charges or the insurance company's allowable amount?

Full billed ☐ Allowable amount ☐ What is the estimated allowable amount? \$ _____

c For example: a) you paid your therapist a session fee of \$100, b) you have met your deductible c) your insurance covers a maximum allowable amount of \$80, d) you have a co-insurance of 20%. You would be reimbursed \$64.

4. Does my plan limit how many sessions per calendar year I can have? Yes ☐ No ☐

a if **"yes"**, how many _____

5. Are there any Pre-authorization Requirements? Yes ☐ No ☐

a If **"yes"**, what are the requirements? _____

6. Do my out-of-network benefits cover Telehealth? Yes ☐ No ☐

a If **"yes"** does my provider have to use a specific Telehealth platform to receive reimbursement?

b What platform is required?

7. Do I need a special form to submit along with my Superbill? Yes ☐ No ☐

a If **"yes"** how to I obtain the form? _____

8. How do I submit the claim? _____

9. How will I be reimbursed? _____

10. Is there any additional information pertaining to my policy I need to know before using my benefits?

