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Know What To Ask When It Comes To Your Out-Of-Network Insurance Benefits

Information to have before you call your insurance company:

- Your name, as it appears on the insurance card
- Date of birth
- Insurance ID number, including any suffix
- Phone number for providers or members (on back of card)

Questions to ask the Insurance Company:

- What is my out-of-network benefit for outpatient mental health?
 - o Is a pre-authorization for services required?
 - o How many sessions do I get under this benefit?
 - o Is my therapist an acceptable provider for this benefit? (They will likely ask for your therapist's tax ID number and/or NPI number)
Tax ID # _____ NPI # _____
 - o What is the deductible?
 - o What is the policy year (i.e. Jan 1 – Dec 31)?
 - o How much of the deductible has been met this year to date?
 - o What is the copay once the deductible has been met?
 - o Will the company reimburse me or my therapist once deductible has been met?
 - o To what address should the bills be sent?

Please remember, this question list is provided as a courtesy for you to verify your out-of-network insurance benefits. Siobhan D. Flowers, LPC, NCC cannot guarantee coverage or payment, and you (the client) must understand that you are ultimately responsible for payment for your services.