



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 (office visit)?
 - 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

My Tax ID #: 81-2927917

My NPI #s: Type 2 NPI - 1841640596 / Type 1 NPI - 1346690161

- 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 What amount or percentage will be reimbursed?
- o Do you require a copy of my therapist's W9 on file? If so, how should they send the copy of the W9 to you?
- o To what address, fax, email, or website 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.