A Guide to Navigating your Insurance Benefits

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This form outlines a "script" you can use to easily get the information needed to better understand your insurance benefits for counseling services.

To get the most out of this form, call the customer service number found on the back of your insurance card and/or your insurance company's website, and use the questions below to get the information you need.

Getting started:

Your insurance company may need the following identification info about our practice:

- Redfish Counseling's group ("Type-II") National Provider Identification (NPI) #: **1831658285**

1. Contact your insurance company at their customer service number (found on the back of your insurance card or on their website).

2. Tell your insurance company you are trying to determine your mental health office visit benefits (if you are interested in telehealth / online therapy, be sure to tell them this as well).

3. Let your insurance company know that services provided by Redfish Counseling will be taking place in an outpatient office or via telehealth, **NOT** in a residential facility or inpatient setting.

You will need to ask your insurance company the following questions:

Is [My Therapist] at Redfish Counseling in-network with my plan? [Yes / No]

- If "**No**," skip to **"Out Of Network Benefits"** section on **Page 2**
- If "**Yes**":
- Are my mental health benefits managed by a third-party carve-out?
    - If "**No**," continue with questions below
    - If "**Yes**," use the **next** question, then call the third-party company and continue with questions below.
        - What is the contact information for the company that manages my mental health coverage?
            - Company Name: _____ Phone: _____
    - Do I have a Co-Pay or Co-Insurance for counseling services?
    - Co-Pay $_____ -or- Co-Insurance $_____ -or- % _____
    - Do I have a deductible that must be met **before** my copay or coinsurance goes into effect?
    - If "**Yes**":
        - How much is my Deductible? $ _____
        - How much of that Deductible has been met? $ _____
        - When does my Deductible renew? _____
    - Is there a limited number of covered sessions/visits per year?
        - If "**Yes**," how many visits? _____
        - If "**Yes**," what is my plan's effective Calendar Year? _____
    - Do these counseling services require Authorization?
        - If "**Yes**," what is my Authorization Number? _____

Out-of-Network Benefits

Use the questions below to get information about your out-of-network benefits for counseling:

- Are my mental health benefits managed by a third-party carve-out?
    - If "**No**," continue with questions below
    - If "**Yes**," use the **next** question, then call the third-party company and continue with questions below.
        - What is the contact information for the company that manages my mental health coverage?
            - Company Name: _____ Phone: _____
- Do I have a deductible that must be met **before** my out-of-network benefits go into effect?
    - If "**Yes**":
        - How much is my Deductible? $ _____
        - How much of that Deductible has been met? $ _____
        - When does my Deductible renew? _____
    - Once my out-of-network benefits are active, how much of my services are covered? (Usually a percentage)
        - Covered amount once deductible is met ($ or %): _____
    - Once my benefits are active, what is my out-of-pocket cost for services? (Usually a percentage of service fees)
        - Out-of-pocket responsibility once your deductible is met ($ or %): _____
            - ***Note:*** you can find this number by:
                - If "Covered amount once deductible is met" is in **dollars**, then subtract this amount from our private pay rates. Remaining amount is your out-of-pocket cost.
                - If "Covered amount once deductible is met" is a **percentage**, subtract this from 100%, and the remaining percentage is the percentage of our private pay rate that you are responsible for paying.

***** IMPORTANT! *****

- How do I and/or my provider submit a **Superbill** so that I can be reimbursed through my out-of-network benefits?
    - If by:
        - Mail, get the physical mailing address:

          _____
        - Email address: _____ and/or Website address: _____
        - Fax number: _____
    - Is there a limit on the number of covered sessions/visits per year?
        - If "**Yes**," how many visits? _____
        - If "**Yes**," what is my plan's effective Calendar Year? _____
    - Do these counseling services require Authorization?
        - If "**Yes**," what is my Authorization Number? _____