

# A GUIDE TO NAVIGATING YOUR INSURANCE BENEFITS

Below, we've outlined a "script" you can use to easily get information from your insurance company to better understand your 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 find out your benefits for a "mental health office visit."
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:

### 1. Is Redfish Counseling **in-network** with my plan?

If "No," skip to "Out Of Network Benefits" section on Page 9

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's Name: \_\_\_\_\_

Company's Customer Service Phone: \_\_\_\_\_

### 2. What are my out-of-pocket costs for mental health counseling in an office setting?

If **Copay**: \$ \_\_\_\_\_ If **Co-insurance** Payment: \_\_\_\_\_ %

### 3. Do I have a deductible that must be met before my copay or coinsurance goes into effect?

3.1. If "Yes":

- How much is my Deductible? \$ \_\_\_\_\_
- How much of that Deductible has been met? \$ \_\_\_\_\_
- When does my Deductible renew? \_\_\_\_\_

### 4. 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? \_\_\_\_\_

### 5. 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:

## 1. 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: \_\_\_\_\_

## 2. 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 would I owe for services?
  - Your out of pocket responsibility: **Percent of Service Fee:** \_\_\_\_\_% **-OR- Dollar amount:** \$ \_\_\_\_\_

**Note:** if your out of pocket costs are a percentage of service fees, you can find this number by:

1. Access our [Standard Service Rates document linked here](#).
2. Find the service you will participate in.
3. Multiply the service’s rate by your coinsurance percentage. This number is the dollar amount that you are responsible for paying.

### \*\*\* IMPORTANT! \*\*\*

## 3. 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: \_\_\_\_\_

## 4. 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? \_\_\_\_\_

## 5. Do these counseling services require Authorization?

- If “**Yes**,” what is my Authorization Number? \_\_\_\_\_

**Don’t hesitate to email our billing support team at [billing@redfishcounseling.com](mailto:billing@redfishcounseling.com) if you have any questions about this!**