**QUESTION LIST TO CONFIRM OUT-OF-NETWORK BENEFITS**

The representative of your insurance carrier may ask for my practice information

You may provide them with this information:

Katie Peterson, LCSW

National Provider ID: 1144555624

TAX ID: 47-5404640

Address: 100 Remsen Street, Suite 1A Brooklyn, NY 11201

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* Does your plan include “out-of-network” coverage for mental health?
* Is there an annual deductible for out-of-network mental health benefits?
  + If so, how much?
* Is there a limit on the number of sessions your plan will cover per year?
  + If Yes, How many?
* Is there a limit on out of pocket expenses per year?
* What is your co-insurance percentage for mental health services?
* Does your plan require pre-authorization for psychotherapy?
* What is the policy year (i.e. Jan 1 – Dec 31)?
* What is your payer ID code for billing purposes?
* Does your plan require a referral for psychotherapy?
* Are the following CPT codes covered?
* 90791:
* 90834:
* 90837:

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**Patient Insurance Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured’s ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_