

## OUT-OF-NETWORK REIMBURSEMENT CHECKLIST

Many insurance companies allow for out-of-network benefits for outpatient mental health. Please contact your insurance's member-services department to verify if your plan offers out-of-network benefits for outpatient mental health. Additionally, any amount spent towards out-of-network services may still apply towards your annual deductible. Ask your insurance provider to send you several pre-printed billing forms for your psychiatrist to sign after your appointment. You can send these directly to your insurance company for review.

If out-of-network benefits are available, ask for the following information:

- 1) What out-of-network reimbursement is covered under my health care plan?  
  
For an Initial Diagnostic Evaluation (Code 90792)?  
  
For follow up visits (codes 99212, 99213, 99214, 99215, 90833, 90836, 90785)
- 2) Where do I send the claim form given to me by my psychiatrist?
- 3) Are there any authorizations required for the patient to obtain?
- 4) Are there any limitations with my mental health benefits?
- 5) Will I have to obtain new authorizations annually?
- 6) Does any money spent for my mental health services apply towards my annual deductible?