

Samuel D. Smithyman, Ph.D.

INSTRUCTIONS FOR FILING YOUR OWN INSURANCE CLAIMS

Here are some questions to ask your insurance carrier if you decide to submit insurance claims for reimbursement. Each insurance carrier and or each policy written by that carrier differs with respect to the treatment covered and the reimbursement rate. *Read your insurance policy carefully* and call the telephone number on your policy/card that connects you with the “Mental or Behavioral Health Benefits” department (Your coverage may also include benefits for issues related to Substance Abuse).

The following questions may be helpful to you in working your way through the insurance maze. I suggest that you write down the answers you receive to these questions for future reference, since experience teaches me that careful documentation is important if one encounters difficulties or delays in the processing of insurance claims.

1. Record the date and time of your call, as well as the number called.
2. Ask, *“Is this the correct number to call about my mental health benefits?”*
3. Ask, *“With whom am I speaking?”* It is important to obtain the first and last name of the individual to whom you speak as well as his/her telephone extension. This individual is likely to be your Customer Service Representative.
4. Ask, *“Do I need a referral from a physician before I consult with a mental health professional?”* (If the answer is yes, ask what specific information is needed from the physician, and if any particular forms must be completed in that process.)
5. Ask, *“Must I get ‘pre-certification’ approval for any visits?”* and ask if so, tell the Customer Service Representative that you might wish to receive pre-certification approval after they have answered the remaining questions.
6. Ask, *“When I visit a mental health professional, what deductible, if any, will I have to pay before my benefits start to cover expenses?”* If there is a deductible, ask, *“How much of my deductible have I met so far this year?”*
7. Ask, *“When I visit a mental health professional, what percentage of each visit or procedure will be reimbursed to me?”* Ask if that percentage is different for psychotherapy versus psychological testing/assessment (e.g. in ADHD evaluations).
8. Tell the Customer Service Representative the name of the provider that you intend to or have consulted. Tell the Customer Service Representative if your provider is not “in-network” with any insurance panels. Some insurance companies will consider me to be an “out of network provider”, so ask *if there are restrictions on your being able to consult with me and to obtain reimbursement for your visits.*
9. Ask the Customer Service Representative, *“What percentage of my initial psychotherapy consultation can I expect to receive back from the insurance company?”*
10. Ask the Customer Service Representative *“Will my follow up psychotherapy sessions be covered under my policy?”* and ask, *“What percentage of each session can I expect to receive from the insurance company?”*

11. Ask what specific claims forms, if any, must be used and ask what specific information will be necessary on them. Express your concern lest the insurance carrier intrude on your privacy any more than is necessary to process your claims. Ask your customer service representative to mail you any forms that they will require you or the provider to complete prior to reimbursement.

12. Verify the exact address to which claim forms must be submitted.

13. Ask, *“And exactly how much time can I expect between the time I submit my claim forms and the time I receive my reimbursements?”* Then ask, *“What is the maximum time the insurance company can take in processing my claims?”*

14. And finally, ask, *“And whom do I contact if I have any questions or concerns about the processing of my claims and what is their telephone number and extension?”*

I will be happy to provide you with a Receipt for Services for your records regarding each visit or procedure. Most people find it convenient to receive such a receipt after 3 or 4 visits at a time, so that multiple claims can be filed at once while minimizing the number of receipts that one has to keep track of. Multiple visits and procedures can be recorded on one receipt. Be sure to make copies of each receipt and/or claim form before mailing them to your insurance company, so that you can compare your records to the Explanation of Benefits (EOB) forms and checks you subsequently receive from your insurance company.

If I can be of further assistance, please let me know.