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Asking Your Insurance Company About Out-of-Network Mental Health Benefits

Here is some information to assist you when calling your insurance company to clarify your benefits for mental health services, including benefits that would allow you to seek reimbursement for services from an out-of-network provider. These are known as “Out-of-Network Benefits.”

Your insurance card should have a phone number for customer service, and many cards have a number specifically for the department that manages mental health coverage.

When you call your insurance company, you can ask:

- “I want to clarify the type of my insurance plan. Is my insurance plan a PPO, HMO or HSA?” (While these are a few common types of plans, your plan might be different).
- “Does my plan have Out-of-Network benefits for mental health services?”

Out-of- Network Benefits: YES

If you have out-of-network benefits, you will want to ask your insurance company:

- “What is my deductible? Does my deductible reset January 1st, or a year from the date when I first obtained my insurance?”
- “Do I have an out-of-pocket maximum that has to be reached before my out-of-network benefits for mental health begin? If so, what is my out-of-pocket maximum?”
- “When I submit a receipt/claim for the out-network-provider’s service, what percent can I expect to be reimbursed? Is this percent a percent of the provider’s actual fee or a pre-set reasonable and customary amount?” (For example, if a provider’s fee is \$100.00, some plans will cover, 50-90% of the actual fee, while some plans will cover 50-90% of 90 cents, or 80 cents, or another amount. Insurance companies typically decide the amount that they consider what is “Reasonable and Customary” for any given service.

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- “Is there a set number of therapy visits that my plan will cover in a year?”
- “Do my out-of-network benefits cover **tele-mental health** services?”
- “Are mental health benefits administered directly by you (The insurance company) or a third-party administrator?” If administered by an outside company, you’ll want to get their contact information.
- “Do I need prior authorization to use my out-network benefits for mental health? Can I request this now? If not, who do I contact and/or what number do I call to request prior authorization to use my out-of-network benefits for mental health?”

If prior-authorization is required to use Out-of-Network benefits for mental health, you can ask your insurance company:

- “When might I expect to hear back about this request?”
- “If this authorization is granted, can it be backdated so that I can seek reimbursement from the first day of treatment with my out-of-network provider” (This question applies if you decide to start treatment with an out-of-network provider prior to/if your authorization is granted)
- “Can I get your name and/or a reference number for this request/call?”

Name: _____

Reference Number: _____

Notes: