

MY MENTAL HEALTH BENEFITS

PATIENT NAME: _____

DATE: _____

Health Insurance Card

- Locate the phone number for Mental Health (MH) or Behavioral Health (BH) and write it here: _____.
- When you call the company, let them know that you are calling to check your MH or BH benefit coverage.
- Ask for the name of the representative (rep) you spoke with? _____
- Ask for the extension # of that rep: _____
- If they say you HAVE COVERAGE, ask if the coverage is for in-network or out-of-network benefits. Jot that here _____. Then, skip to the Deductible section below.
- If you DO NOT HAVE COVERAGE, you can opt to pay in full for your services with Dr. Chernyk or you may ask the representative for the name of another psychologist who would be covered in-network. Then, stop here.

Deductible and Copayment

- What is my deductible amount? _____
- How much of that have I met as of today? _____
- Do I have an out-of-pocket maximum? _____. If yes, what is it? _____
- Do I have a limit on the number of sessions per year and if yes, what is it the limit? _____. If yes, how many remain as of today? _____
- Do I have a copayment and if yes, what is the amount? _____

Pre-authorization

- Is a pre-authorization or referral for my MH services required? _____
- If yes, ask to be provided with the following information and enter it in the box below:

Authorization/Referral # _____

Start date _____ End date _____

Copayment due at time of session \$ _____