Health insurance policies are an agreement between you and your insurance company. To help you understand what coverage you can expect in relationship to outpatient psychotherapy (counseling), simply call your insurance company and ask the following questions. Although not every area of treatment is covered on this form, it should clarify most questions, and be useful in submitting claims.

Date you called the insurance company									
Name of the person who gave you information									
Does my policy cover outpatient mental health counseling?	Yes	No							
Do I require pre-certification or pre-authorization? Yes	No								
*If yes, how many visits will be pre-certified?									
What are the effective dates of the authorization? From to									
What is the authorization number?* *very important* What is the address my provider will use to mail my claim forms (HCFA 1500's)?									
Do I require a referral from a doctor within my network? Yes No									
Do I have to choose a provider within my network? Yes No									
*If yes, do I have "out of network" coverage? Yes No									
*If yes, what are my "out of network" benefits?									
Are there limits to my coverage? Yes No									
*If yes, what are those limits (be specific)									
Are there limits to the number of visits allowed? Yes	No								
*If yes, how many visits are allowed per calendar year?									

What is my deducti	ible?			Is that yearly?	Yes	No	
Has it been met?	Yes	No					
On what date does	the dec	ductible beg	jin?				
Are there separate deductibles for physical health and mental health?					Yes	No	
Do I have co-	-nav?		If so, h	now much is it?			