SALEM COUNSELING SERVICES

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Questionnaire for Determining Behavioral Health Insurance Benefits

Patient's name: _____

Patient's date of birth: _____/_____/_____

Policy holder's name (if different from patient): _____

Policy holder's date of birth: _____/_____/_____ Policy holder's ID#: _____

Policy holder's Employer: _____

Address of policy holder's Employer: _____

Name of Insurance Company: _____

Policy #: _____ Group #: _____ Renewal date:_____/_____/_____

Name of any behavioral health subcontractor: _____ Phone number: _____

Where are claims forms to be sent? _____

1. Is this specific patient covered under this policy? ❑ Yes ❑ No
2. Are mental health services covered? ❑ Yes ❑ No
3. Are drug and alcohol services covered? ❑ Yes ❑ No
4. Will the insurance pay for these modalities of treatment?

Individual psychotherapy	❑ Yes	❑ No	Family therapy	❑ Yes	❑ No
Psychological testing	❑ Yes	❑ No	Drug and alcohol treatment	❑ Yes	❑ No
Group therapy	❑ Yes	❑ No	Other: _____		

5. Is this coverage Current ❑ Yes ❑ No ❑ Won't start until _____ of 20 _____

   ❑ Due to end on _____

6. Are services provided by a Licensed Professional Counselor covered?

   a. Are additional credentials required? ❑ No ❑ Yes If yes, which? _____

   b. Is referral by a physician required? ❑ No ❑ Yes

7. Will this insurance plan pay providers who are "out-of-network"? ❑ Yes ❑ No

   If not, what are the additional costs to the client? _____

8. Is there an exclusion for “preexisting” conditions? ❑ Yes ❑ No

   What are they?:_____

9. Are there excluded diagnoses? (e.g. ADHD and learning disorders, ODD, conduct disorder) ❑ Yes ❑ No

   What are they?_____

11. Is there a “copayment” the client must pay for each treatment session?

    ❑ No ❑ Yes If yes, how much is it $ _____

12. Is there a deductible that must be paid by the client before the insurance company will pay anything?

    ❑ No ❑ Yes If yes, how much is it? $ _____

13. Is this deductible per year, per calendar year, per person/client, per family, per diagnosis (underline which).

14. Will the insurer pay the entire amount of allowable charges (after the deductible) for mental health services, or does it reduce the coverage for mental health services? ❑ No reduction ❑ Yes How much? $ _____ or ____%.

15. Is there a limit on the amount the insurance will pay for mental health services in a year or a lifetime?

    ❑ No ❑ Yes If yes, $ per year and/or $ in lifetime. _____

    How much of this remains available? $ _____

16. Is there a limit on the number of visits/sessions per year or by diagnosis? ❑ No ❑ Yes, #_____ per year.

17. Coordination of benefits: What rules apply if more than one insurance company is providing coverage for this?

    _____

    _____

    _____

18. Are there any other rules, requirements, forms, or procedures that we should be aware of?

    _____

    _____