

Calling your insurance for mental health benefits

The following are tips for finding out more information about your outpatient mental health benefits. Since mental health is different than medical visits, it is advised that you contact your insurance company.

By contacting the insurance company you will have a better understanding of your benefits and should know what percentage you will be responsible for at each visit with a mental health provider. All insurance companies are different, so please make no assumptions as to what is covered or not covered. On the back of your health insurance card there should be a toll free number for you to call for your mental health/behavioral health benefits. If you don't have a card you should have a benefits manual with the number in it.

Below are the questions you should ask the representative when calling: I am calling to get my outpatient mental health benefits. If your mental health benefits are covered under a managed care plan, ask them the name of the managed care and the number for future questions.

- Is psychotherapy (90834 or 90837) by a Licensed Clinical Social Worker/Mental Health Clinician/Psychologist covered under my plan?
- The clinician's name I am seeing is _____ is he/she in network or out of network on this policy?
- If out of network, do I have out of network benefits?
- What is my deductible for mental health?
- Is this deductible per calendar year?
- Are there a limited number of visits per calendar year?
- If yes, how many?