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Insurance Benefits Questionnaire

Psychotherapy is a confidential process to which we are legally and ethically bound. However, if you file for insurance benefits or reimbursement, please be aware that your confidentiality may be compromised.

Please note, I am considered an “out-of-network” provider. Therefore, you are required to pay for services at the time of your session. Asking the questions below will help you to determine if you may be eligible to seek partial reimbursement from your insurance company for psychotherapy services. **Typically (but not always), PPO insurance plans may provide “out-of-network” reimbursement. HMO insurance plans do not reimburse for “out-of-network” services.**

In order to determine your insurance benefits, you can contact your insurance company at the phone number listed on your insurance card.

You may ask the following questions:

“I am calling to check on my outpatient psychotherapy benefits.”
(Be sure you are transferred to the mental health department, not medical)

1. Are “out of network benefits” available? _____ Yes _____ No
(If NO, then you need not go any further since reimbursement will not be available)
2. What is my deductible? \$ _____
3. How much of my deductible has been met? \$ _____
4. Once my deductible is met, how much will be reimbursed? \$ _____
(Note: Insurance may not give you a dollar amount. They may give you a percentage of what is covered based on a “negotiated rate.”)
5. Do I need Authorization for Psychotherapy? _____ Yes _____ No
 - a. If yes, what is that authorization number? _____
 - b. (If you have an authorization number) How many sessions are authorized to start? _____
 - c. What are the start and end dates of the authorized sessions? Start _____ End _____
6. What is the maximum number of sessions I’m authorized to use for the year?
7. How do I submit the “super-bill” for “out-of-network” reimbursement given to me by my therapist? _____ on line OR _____ mail
8. If I am required to submit the “super-bill” by mail, what is the address?

9. If I am required to submit the “super-bill” online, what is the web address?

10. Date of Call: _____ Person spoke with: _____