



Out-of-Network Worksheet

To verify your out-of-network benefits, call the number on your insurance card that is designated for mental health or general customer service. Have them guide you to the mental health benefits department.

Ask the following questions:

1. Do I have out-of-network benefits for outpatient mental health services?
2. Do I need to have prior authorization to have services covered? If so, how do I go about getting authorization?
3. Are there any deductibles, copayments, out-of-pocket payments or other payments that I am responsible for before my out-of-network benefits kick in? If so, what are these amounts?
4. What percentage of out-of-network benefits are covered? Is there a max amount (usually per year) where my insurance will stop covering the out-of-network benefits?
5. Where and how do I submit superbills in order to get reimbursed?
6. Do I need a special form in order to submit bills? If so where do I get it from?
7. Before the conversation ends, write down the name and contact number of the agent you spoke with along with the date of the call.