

Spring Tree Counseling

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Clients' Guide to Verifying Insurance Coverage

- Have your insurance card nearby.
- Speak to a customer service representative, as the automated benefits line does not always include Behavioral Health benefits.

A. Verifying Benefits

"I need my benefits for Outpatient Mental Health with in-network **and** out-of-network providers."

- "What is the effective date of coverage?" _____
- "What is the annual deductible?" "How much has been met to date?" _____
- "What is the percentage paid after deductible is met?" _____
- "What is the co-payment or co-insurance amount?" _____
- "Is referral from Primary Care Physician or Medical Group required?" (Usually HMO)
(If this is required, **only** the member/client is authorized to obtain this referral and should follow through accordingly.) _____
- "Where do we mail Behavioral Health claims?" _____
- "Is precertification required?" _____
If so, transfer to Authorizations Department and follow guidelines under **Section B**.

B. Obtaining Authorization/Precertification

- Know your therapist's name and credentials and mailing address. (See top of page)
- "What is the authorization number?" _____
- "What is the authorization start date and end date (Be sure to disclose your first session date, if you know it, so it will be included in authorization.)" _____
- "How many sessions are authorized?" _____
- "Where do we mail claims?" (IMPORTANT: This is often a different address than the one used in cases where precertification is NOT required). _____

Bring this information, along with your insurance card, to your first counseling session.