

Spring Tree Counseling

Emotional, Relational, and Mental Well-Being

Clients Guide to Verifying Insurance

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

Verifying Benefits

Ask about the following items in order to better understand your out of pocket costs

- Outpatient Mental Health, office visit benefits
 - Ask for your in-network or out-of-network benefits (whichever applicable, ask your therapist if unsure which to ask for)
- Annual deductible
 - Your deductible is the total amount you will be responsible for before your insurance will provide any financial coverage.
- How much deductible is left for the year
 - This is the amount you have left to pay before your insurance will cover any amount of the claim.
- Copay or coinsurance amount and when do they start
 - In most plans, the coinsurance or copay does not begin until the deductible has been met. However, there are some cases in which the coinsurance or copay is all you will be responsible for even though a deductible has not been met. Your insurance representative will be able to indicate which plan you have.
- If a referral from a Primary Care Physician or Medical Group is required
 - If this is required, **only** the member/client is authorized to obtain this referral and should follow through accordingly. (This is not something Spring Tree is allowed to do on your behalf.)
- The address mental health claims are mailed to
 - If this address is different than the address on the back of your insurance card, please contact Spring Tree staff to ensure correct submissions
- If precertification is required
 - If so, transfer to the Authorizations Department to obtain the following:
 - Authorization number
 - Date range of authorization
 - Be sure to disclose your first session date, if you know it, so it will be included in authorization
 - Number of sessions that are authorized