

Insurance Benefits Worksheet

This worksheet is designed to help you get the most from your insurance policy. Some insurance companies require pre-authorization for behavioral/mental health services. Those that do rarely back date an authorization, so please call your carrier before your first appointment to be sure. Some insurance companies use a "third party administrator" or "TPA" to handle mental health benefits. Note: For couples with two different policies, I believe Georgia law dictates that the insurance of the policy holder with the earlier birth date (the birth *month*, not the birth year) will be the primary policy.

Insurance companies like to have providers sign contracts. Providers ostensibly benefit by getting more referrals when they are on the provider list. The tradeoff is that the "allowed" rate contracted providers are allowed to charge has continued to decrease over the past 30 years or so to what I used to charge in 1980. Because of this, in 2012 I terminated my contracts with all insurance carriers except Medicare, Medicaid, Wellcare, Ambetter/Cenpatico and Tricare.

Unfortunately, I find it often takes several phone calls to get to the person at the insurance company who can answer the questions that follow.

1st #: () - x x x x Name of Person Contacted: _____

2nd #: () - x x x x Name of Person Contacted: _____

3rd #: () - x x x x Name of Person Contacted: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: ____ / ____ / ____

Policy Holder's ID#: _____

Group#: _____

Please confirm the name and address for mailing mental health claims. It is usually *not* the address on the insurance card.

Insurance Company Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

To answer these questions, the insurance company will need to know:

My name: Paul W. Schenk, Psy.D. ("Dr. Schenk, a doctoral level clinical psychologist")

My zip code: 30345

My federal tax id#: 58-1477829

I am an "out of network" provider (except for Medicare, Medicaid, Wellcare, Ambetter/Cenpatico and Tricare). Some policies do not cover any out of network services; some have a different deductible.

Is pre-authorization required for mental health visits? [] yes; [] no

If "yes", ask for the authorization # for the initial visit(s): _____

Authorization # for subsequent visits (if provided): _____

The number of (additional) visits approved with this authorization: _____

Is a separate pre-authorization required for testing? [] yes; [] no

If "yes", ask for the authorization # for testing: _____, or

Ask for the web site URL where they have the form that I must submit. (I have some, but not all of these.)

Is there a separate mental health deductible for the policy? [] yes; [] no

If "yes", how much is it? \$ _____ How much has already been met? \$ _____

If "no", how much is the medical deductible? \$ _____ How much has already been met? \$ _____

Is there a separate deductible for out-of-network services?

If "yes", how much is it? \$ _____ How much has already been met? \$ _____

Is your deductible based on a calendar year [] or on a different 12 month period? _____ to _____

Getting the insurance company to tell you its Usual and Customary Rate (UCR) is usually challenging. Be persistent is you need to know. Use this list to record how much of my standard fee the insurance company will consider for the services you want. Remember, if they tell you they will cover 80%, leaving you with a co-payment of 20%, that 80% reimbursement rate will be based on their UCR rate, which is probably less than my rate.

For example, if the UCR is \$140 for CPT code 90837, and the insurance company covers 80% (*of the UCR*), they will pay \$112, leaving you a co-pay of \$88 (my actual fee of \$200 - \$112 = \$88).

| CPT Code | Type of Session | Fee Schedule: Amount <i>Allowed</i> the "UCR" rate |
|-------------------|---|--|
| CPT code 90832 | Individual Psychotherapy (30 minutes) | \$ _____ out of \$100 |
| CPT code 90834 | Individual Psychotherapy (45 minutes) | \$ _____ out of \$170 |
| CPT code 90837 | Individual Psychotherapy (60 minutes) | \$ _____ out of \$200 |
| CPT code 90791 | Diagnostic Interview (60 minutes) | \$ _____ out of \$200 |
| CPT code 90847 | Family Psychotherapy (60 minutes) (e.g., the client and one or more other family members) | \$ _____ out of \$200 |
| CPT code 90846 | Collateral Visit (60 minutes) (e.g., the child is the client but I am meeting with one or both parents <i>without</i> the child present.) | \$ _____ out of \$200 |
| CPT code 96101 | Psychological Testing/Evaluation (per 55 minute hour) Can more than one hour (one "unit") of Psych Testing be billed on the same day? [] yes [] no | \$ _____ out of \$200 |

Office address:

Paul W. Schenk, Psy.D.
2295 Parklake Dr., NE, Suite 430
Atlanta, GA 30345-2812
Phone: 770-939-4473
Fax: 770-671-8493
Email: drpaulschenk@att.net
Web: www.drpaulschenk.com

For all U.S. mail please use the address below:

Paul W. Schenk, Psy.D.
4487 Village Springs Pl
Dunwoody, GA 30338-2401

