



Out-of-Network Benefits Worksheet for Mental Health Therapy Services

This form will help you document and determine your out-of-network benefits with your current health insurance plan. It is not a guarantee of coverage. You should call member services at the number on the back of your insurance card and ask about your out-of-network coverage, using the questions below.

1. Date and time of call, and first name of member services representative:
2. What is the case number or reference number for this call?
3. My provider's name is and their license type is (LMHC, LICSW, PsyD, PhD, EdD):
4. Does my plan cover mental health services by out-of-network providers?
5. What is the deductible? *(There may be a different deductible for the primary policy holder versus family members who are covered. Note both amounts)*
6. When does the deductible reset?
7. What is the out-of-network maximum per year for me individually? For my family?
8. How much will my plan reimburse for the following services **after my deductible is met**? *(Note: Some plans won't tell you in advance how much they'll reimburse)*

Diagnostic intake (Service code 90791):

Diagnostic intake-Telehealth (Service code 90791-GT):

30-minute individual therapy session (Service code 90832):

30-minute individual therapy session-Telehealth (Service code 90832-GT):

45-minute individual therapy session (Service code 90834):

45-minute individual therapy session-Telehealth (Service code 90834-GT):

60-minute individual therapy session (Service code 90837):

60-minute individual therapy session-Telehealth (Service code 90837-GT):

Family therapy session *without* client present (Service code 90846):

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Family therapy session *without* client present-Telehealth (Service code 90846-GT):

Family therapy session *with* client present (Service code 90847):

Family therapy session *with* client present-Telehealth (Service code 90847-GT):

Group therapy session (Service code 90853):

Group therapy session-Telehealth (Service code 90853-GT):

Crisis/Emergency therapy session (Service code 90839):

Crisis/Emergency therapy session-Telehealth (Service code 90839-GT):

9. Are there any visit limits or do you require any referrals or prior authorizations for the services I just asked about?

10. If my provider submits the claims directly to you, where do they send them?

11. Is my provider allowed to bill me for the difference between what you'll reimburse and how much they charge if my provider submits claims directly to you? (*This is called balance billing.*)

12. If I send the claims to you for reimbursement, what should I include and where should I send it?

13. If they give you a reference number or case number, note it here:

14. Write any other notes here: