## **Barth Therapy Insurance Provider Questionnaire**

If you are interested in filing for reimbursement with your insurance provider, use the questions below to guide your conversation. You can find your insurance contact information on the back of your insurance card. This form needs to be completed before your first session.

1.	Does my	policy include mental health benefits?	☐ Yes ☐ No	
	a. If	yes:		
2.	Does my	policy cover clinical social workers?	☐ Yes ☐ No	
	a. If	yes:		
3.	Does my	policy cover out-of-network clinical social workers?	□ Yes □ No	
	a. If	yes:		
4. How much will my policy pay for the following coded sessions:				
	a. 90	0791 (Diagnostic Evaluation)		
	b. 90	0834 (45-minute session)		
	c. 9	0837 (60-minute session)		
5.	How muc	h psychotherapy is covered per year?		
6.	Is my mental health deductible part of, or separate from, my medical deductible?			
7.	What is my yearly mental health and/or medical deductible?			
8.	How much of my deductible have I met this year?			
9.	Can I pay my therapist out-of-pocket and submit my session receipts $\Box$ Yes $\Box$ No for reimbursement?			
	a. If	yes:		
10. Where should I mail or fax the receipts?				
11. Once I mail in a receipt, when can I expect to receive a reimbursement check?				
12.	12. Do you require pre-approval or pre-certification of sessions? $\Box$ Yes $\Box$ No			
	a. If	yes:		
13.	Who mus	t obtain the pre-approval or pre-certification? $\Box$ C	lient □ Therapist □ Either	
14. Can this be done over the phone? ☐ Yes ☐ No				
	a. If not	, what is the procedure?		
15.	15. How many sessions will likely be pre-approved at a time?			
16. Who should be contacted to authorize the pre-approval?				
17. Is there anything else I should know?				